Clinical Lecture
ON
LITHOTOMY IN RECURRENT AND MULTIPLE CALCULUS.

Delivered at University College Hospital,

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GENTLEMEN,—I wish to-day to direct your attention to three cases of stone in the bladder, lately under my care; all of which present instances of the somewhat interesting condition of recurrent or multiple calculi. There is little to be said about an ordinary case of lithotomy; but I deem it of great importance to bring under your observation from time to time such cases as may present any unusual features.

CASE 1.—*Recurrent calculus in a boy; lateral lithotomy a second time.*—The first case to which I wish to call your attention is that of a lad, R. M——, who was admitted, on the 8th of October, into Ward 5. He is between six and seven years old. His history is briefly this:—

About three years ago he began to suffer from symptoms of stone in the bladder. He was brought to this hospital. A sound was passed, and a stone found. Accordingly he was cut laterally by Mr. Christopher Heath. The operation was skilfully and carefully performed, and every portion of calculus removed, the stone being unbroken and unchipped. I am particular in mentioning this fact as it has an important bearing on the after-history of the case. The boy made an excellent recovery, and continued well up to three months ago. The wound had healed with the exception of a sinus at its lower part, through which a few drops of urine occasionally exuded.

About three months ago he began to complain of pain in the bladder. He rubbed himself, and pulled the prepuce in the way that children do who are suffering from stone. He also began to pass blood in his urine about a month ago. He was admitted in the beginning of October. On sounding him, it seemed that there was a calculus in the prostatic portion of the urethra, or, rather, just outside the bladder. There was a sinus, through which the urine escaped, on the left side of the perineum, at the lower part of the cicatrix of the former operation. It was therefore necessary to subject him to a second operation.

I decided on performing the median operation, as the calculus appeared to be rather a urethral than a vesical one. On the 19th of October he was brought into the theatre. I introduced a grooved staff, and found that the stone had slipped back into the bladder, and was lying there. It was light, and of moderate size. I therefore changed the operation, and performed lateral lithotomy in the usual way, through the old cicatrix, laying open the sinus. I removed a phosphatic calculus, about the size of a haricot bean. There was very little, scarcely any, bleeding, much less than usual, and the patient was put to bed. A few hours later a piece of calculus, about the size of the one that had been removed, was found lying outside the wound. The two pieces, about the size of a large bean, were very light, weighing together something under one drachm. Since then the child has made a good but slow recovery, which was retarded by an attack of inflammation of the left testis. The wound has been somewhat inactive, requiring to be touched occasionally with nitrate of silver.

Here, then, is a case of recurrent calculus in a child, which I look upon as of somewhat unusual occurrence. To what is the recurrence due in this case? Now calculus may return after lithotomy in the four following ways:—

Firstly. Through a continuance of the same constitutional conditions which gave rise to the calculus in the first instance. When it so returns, the recurrent calculus is necessarily of the same chemical composition as the primary one.

Secondly. A calculus may return in consequence of a portion of the stone having been left behind in the first operation. Although this kind of recurrent calculus is generally phosphatic at the circumference, it will always be found to contain, as a nucleus, a fragment of the primary calculus.

Thirdly. A calculus may return by the descent of renal calculi. You have then a moderate-sized calculus in the bladder, which has been preceded by nephritic symptoms, and symptoms of its passage down the ureter, as pain, retraction of the testicles, &c.

None of these conditions occurred here. The first stone removed was a lithic-acid calculus. The recurrent one was phosphatic. There was no contained fragment in the recurrent stone. There was no history of the descent of a stone from the kidneys to the bladder. Therefore we must set aside these three conditions of recurrence, and consider the remaining one.

Fourthly. A calculus may return in consequence of a chronic state of inflammation of the mucous membrane of the bladder, especially in the neighbourhood of a lithotomy wound. In consequence of this you get phosphatic deposit. This is, doubtless, what occurred here.

A circumstance occurred in this case which is very rare. At the end of three years there was still a sinus in the cicatrix, although the first operation had been most skilfully and properly performed, and the child's recovery was rapid and otherwise perfect. Probably this sinus led into the neck of the bladder. The irritation occasioned by it no doubt gave rise to the deposit of phosphates along its track and at the neck of the bladder, which deposit was the nucleus or starting-point of the recurrent calculus. Thus we got a calculus lying in the prostatic portion of the urethra, and just outside the neck of the bladder. Probably the sounding had disturbed this calculus, and had pushed one half of it into the bladder, from which I had to extract it in the ordinary way. It was formed from deposit from the urine outside or just within the neck of the bladder. The portion which escaped later must have been outside the bladder at the time of the operation. I must have passed it in the wound when introducing the forceps. It remained in the wound, and came out shortly after the operation. Here, then, was an instance of a recurrent calculus of phosphatic character occurring in consequence of irritation of the mucous membrane, and of the track of a sinus.

About eleven years ago I operated by the median method on an excellent and distinguished member of our profession in the country, who was suffering from atony of the bladder and stone. He was at the time in a very low state of health, and had long suffered from atony of the bladder and inability to empty it completely. I removed a quantity of phosphatic matter from the bladder. About a year after the operation he came up to be again under my care. As he felt a return of the symptoms of stone I sounded him, and found some phosphatic concretion. I introduced a lithotrite, and found a small calculus at the neck of the bladder, which I crushed, and the fragments of which I removed. He made a good recovery, and I am happy to say that he is still alive and well, although the atony of the bladder has never been recovered from.

This recurrence of stone may have been due to constitutional condition, or to a continuance of a chronic inflammation of the bladder.

But it is by no means necessary that these phosphatic deposits should form in the bladder. If a small aperture forms in the urethra from follicular abscess, or in any other way, so as to allow of the long-continued contact of the urine with an inflamed or ulcerative surface, you may get a phosphatic calculus outside the bladder.

About four years ago I admitted, in a private ward in the hospital, a clergyman who had been much reduced in health and means by long-continued urinary disturbance and disease. He was said to be suffering from stricture of the urethra; and on examining the canal I found I could only introduce a small gum-elastic catheter with great difficulty. There was considerable obstruction about the bulbous portion of the urethra for the length of an inch. I was somewhat puzzled about the nature of the case, as the obstruction did not feel like that produced by the ordinary stricture. One day, in order to examine the urethra more carefully, I introduced a silver catheter, and found that it grated along some calcareous matter in the upper wall of the canal. I thought it better to cut down on this,

and to remove it. I accordingly performed an operation something like perineal section. I found no stricture, but in the urethra a large mass of phosphatic calculus, round and smooth, about the size of a large walnut. It was lodged between the upper wall of the urethra and the pubes. I easily removed it with a scoop. The patient made a good recovery. I inquired carefully into the earlier history of the case, but found it obscure. It appeared, however, evident that the urethra had given way at some time, and so had been perforated towards its upper surface. A certain infiltration of urine had taken place, which had probably been encysted, or had merely occupied the cavity of an abscess, and this had gradually given rise to phosphatic deposit. Just as the water of a petrifying well will give rise to calcareous deposit on a twig left in it, so will the urine, under certain conditions, local or constitutional, give rise to a phosphatic deposit round any body on which crystals can form; and for this purpose a clot of blood or a shred of cellular tissue will suffice. Thus a gradual formation of concentric phosphatic deposit had taken place, forming a concretion perfectly smooth and round, and of large size, but altogether extra-urethral.

Thus phosphatic deposits may take place inside or outside the bladder, with or without any previous operation, if there be an aperture which admits unhealthy urine into an encysted cavity in the tissues.

The next case is also one of recurrent calculus, but is interesting in that it is a case of multiple calculus as well. The history is briefly this:—

CASE 2. *Atony of bladder; multiple and recurrent calculi in a man; median lithotomy; return of renal calculus; lithotrity; cure.*—J. D——, aged fifty-four, was admitted June 27th, having been sent to me by my friend Dr. de Mussy. He is a teacher of French. Up to the last ten years he has enjoyed good health, and has never had gout, rheumatism, or syphilis. About seven years ago he first perceived that he passed gravel; he had pains in the region of the bladder and at the end of the penis; his water stopped suddenly: in fact, he had all the ordinary symptoms of stone in the bladder. He placed himself under the care of one of the most eminent members of the profession, Dr. Rayer, of Paris, who had devoted much attention to these cases. Whilst under treatment he passed a large number of small hard calculi. Alkaline remedies were exhibited; chiefly the bicarbonate of potash. He passed altogether about one hundred calculi between the time of his first affection and his admission here (a period of about four years). On admission, he looked very ill; he was extremely sallow and pasty in complexion; large and stout in make; his pulse was weak, and very compressible. He had no appetite, and was incapable of active exertion. There was severe pain in the bladder on any movement, and constant desire to pass water, which he did three or four times an hour. He was quite unable to follow his occupation. His urine was slightly alkaline, contained pus, and was occasionally tinged with blood. It contained a very considerable quantity of albumen, much more than could be accounted for by the pus and blood. Under the microscope were seen blood-cells, pus-cells, and crystals of triple phosphate, but no renal epithelium or casts. On the 29th I sounded him, and found a large mass of calculi in the bladder, composed, in all probability, of a great number of small or moderate-sized stones. There was a certain amount of atony of the bladder—irritability with atony,—two or three ounces of urine always being retained. The treatment was diluent and soothing, so as to bring the bladder into a fit state for operation.

On July 11th I performed median lithotomy, using a rectangular staff, which I prefer for these cases. The angle of the staff is made to project just in front of the deep perineal fascia, where it can always be felt, and is a sure guide to that part of the urethra that is to be opened. On this I cut into the urethra, and with the finger dilated the prostate without incising it. With the forceps and scoop I then removed exactly fifty calculi, all marked with facets, quadrilateral or hexagonal, somewhat pointed by rubbing. They were all composed of lithic acid, but more or less encrusted with a thin layer of phosphates. The whole mass weighed fifteen drachms. Very little blood was lost. A tube was introduced, and the patient removed to bed. The tube was taken out on the second day. The wound then collapsed, so that no urine could escape. In a few hours ten ounces were drawn off by a catheter. The atonic state of the bladder, which had existed before the operation, continued, so that a catheter had to be used several times a day.

On the 20th the catheter was tied in at night, no urine passing by the wound. The urine was alkaline and offensive, with muco-pus and phosphates. The bladder was therefore washed out with dilute Condy's fluid twice a day, and a catheter passed every four or six hours.

On Aug. 5th the catheter was tied in day and night. The wound was sluggish, and required to be touched with nitrate of silver. The bladder continued atonic, and required to be washed out twice a day. His health had greatly improved. Getting tired of the hospital, he returned to his home at Greenwich, where he rapidly recovered.

In the early part of December he presented himself again. He was a changed man, quite healthy, and fresh-looking for his age, active, and able to carry on his occupation. He requires, however, to have a catheter passed occasionally, as the bladder does not quite empty itself. He experienced some of his old sensations, and thought that another stone had come down from the kidney. I examined him, and found a stone, which I crushed with a lithotrite; it was composed of lithic acid. At the end of a week I removed the fragments with a lithotrite scoop. Since then he has passed an excessively minute calculus.

Here, then, is a case of recurrent calculus of a totally different character to the last one I described. The patient had been subject to renal calculus for years. He was cut for stone. Some months after the operation another stone had descended into the bladder. This calculus could not be expelled, owing to the atonic state of the bladder. It was therefore crushed, and the fragments removed. This case is an excellent illustration of recurrence by descent of calculus from the kidney.

The next point I wish to discuss is the reason why I selected median lithotomy in this case. I hold that it is well not to wed oneself too closely to any one method of treating stone, but to adopt the method best suited for the case under consideration. Lithotrity was out of the question on account of the large number of stones, the irritable state of the bladder, and the broken state of the patient's health. I chose the median method because the man's health was so broken that the loss of a very small extra quantity of blood might have turned the scale against him. I also thought that the shock of the larger incision in lateral lithotomy would have been greater. I was anxious to get out the stones, which I knew to be small, by the smallest possible incision, with the smallest amount of shock, and the least degree of shock. I therefore made an incision through the tissues down to the prostate, but dilated this with the finger without incising it. There is no simpler method of extracting small or moderate-sized stones from the bladder by lithotomy than this mode of operation, by introducing a small pair of forceps and picking out the calculi. The wound closes very quickly. His bladder was irritable and atonic before the operation, atonic after; which state often follows irritability of the bladder—as, for example, after frequent use of instruments. We had, therefore, to draw off his urine. Practically, it was drawn off per urethram after the third day. There was no incision made deeper than the membranous portion of the urethra. The prostate and neck of the bladder were simply dilated. I thought this the simplest and safest method, and I think we were quite right in adopting it in this case. The patient made as good a recovery as we could expect under the very unfavourable circumstances in which he was previous to the operation.

Another case is also interesting. It is one of multiple and broken calculi in a boy.

CASE 3. *Multiple and fractured calculi in a boy; lateral lithotomy; recovery.*—F. W——, aged thirteen, was admitted June 20th. He had suffered from symptoms of stone for several years. It was very difficult to get a correct history, owing either to his reticence or his want of intelligence. On sounding him, I found what appeared to be a large and rough calculus. Two days after I operated by the lateral method in the usual way. There was one uric-acid calculus of small size, and a mass of broken fragments. This was ascertained by the finger before the introduction of the forceps. These fragments were dark, sharp, of various

sizes, and had all the appearance of having been broken by a lithotrite. The boy was closely questioned, but it appeared that he did not know anything beyond the fact that he had been sounded or examined before his admission here by several surgeons. There was very little bleeding. On the 3rd of July the wound was touched with nitrate of silver. He made a rapid recovery. There was one whole and several broken calculi.

Multiple calculi are not common in children, though I have removed from a boy seven or eight calculi, matted together with mucus and phosphatic matter, so as to form a single mass. But three or four are not commonly met with.

This case is interesting and remarkable in several points of view. The presence of broken calculi I ascertained with the finger as soon as it was passed into the bladder, before the forceps were introduced. They had all the appearance of having been broken by a lithotrite. It is true that spontaneous fracture of a calculus occasionally occurs; but this is the fracture of one large stone into several pieces, not that of small calculi into smaller fragments. I cannot but think that a lithotrite had been introduced, perhaps to measure the calculi, and had broken them; but the patient was very reticent about the matter, and perhaps did not know what had been done.

A somewhat similar case occurred to me sixteen years ago, where I removed a calculus about the size of an almond, and a large mass of broken fragments, from the bladder of a middle-aged man. These fragments were, to a certain extent, incrusted with phosphates. It was clear that they had been broken by a lithotrite. After a great deal of questioning, the patient admitted that he had been to a medical practitioner who had promised to cure him without operating, but probably did not sufficiently explain the nature of the treatment. The stone was crushed once; but, feeling he was not cured, he came to the hospital, not mentioning what had occurred previously. This was only ascertained after he had been, as it were, driven into a corner by severe questioning.

Note.—Since this lecture was delivered, Case 2 has suffered from the descent of several renal calculi, which have from time to time been crushed and the detritus removed by the scoop.

AN

ANALYSIS OF 800 CASES OF SMALL-POX,

OBSERVED DURING THE PRESENT EPIDEMIC IN THE HAMPSTEAD SMALL-POX HOSPITAL.*

BY DR. GRIEVE,

MEDICAL DIRECTOR TO THE HOSPITAL.

As we are now in the midst of a visitation of small-pox of intensity almost unprecedented, at least since the introduction of the practice of vaccination, and as public attention is strongly directed to the subject, I have ventured to present to the notice of this Society a brief statistical analysis of the first 800 cases of small-pox treated at the Hampstead hospital. From the fact that some of the patients are still under treatment, complete accuracy cannot be guaranteed; but the results approximate very closely to accuracy, as the last of the number entered the hospital on the 18th February, and in this disease the greater portion of the deaths occur within a week of the patient's admission. The deviation from the final and absolutely complete return cannot therefore be enough to invalidate any of the deductions made. The 800 cases were admitted between the 1st of December, 1870, and the 18th of February, 1871. For the greater part of that time the only provision for the public treatment of small-pox in London, in addition to the accommodation provided at Hampstead, was the Small-pox Hospital at Highgate, which was full on the first-mentioned date. The parishes had not then any of the local establishments which they have since improvised. The consequence was that, out of the very large number of cases constantly standing in need of removal, the worst were culled to be sent to hospital, and this fact must be borne in mind when considering the percentage of mortality, which has been high. Independent of this, however, there can be no doubt that the present epidemic is characterised by an extreme virulence in the type of the disease manifested, and a very marked feature is the large number of cases of the hæmorrhagic form which are seen. By writers this is described as a rare variety, but unfortunately rarity has not been its distinguishing feature in this outbreak. A large proportion of the mortality in the Hampstead hospital amongst vaccinated adults has arisen from variola hæmorrhagica, a form which, I am sorry to say, in our experience has proved uniformly fatal. Undoubtedly it is the development of the small-pox poison in very congenial soil; its presence is rare indeed in persons under the age of puberty, but too common in people who have lived in defiance of all sanitary laws, or who by intemperance have debilitated their constitutions. I cannot call to mind a single well-marked case of this variety occurring in a child. It chooses its victims amongst those who always suffer in epidemics; and as small-pox may be said now to have the field to itself, it kills those who, under other circumstances, would have fallen victims to cholera, typhus, or any other zymotic.

As to vaccination. Of the 800, 591 were vaccinated and 209 were not. Amongst the vaccinated are included only those upon whose arms some kind of marks could be distinguished. And this large ratio of unvaccinated cases may help to account for the high general mortality. When we come to examine the relative proportions of vaccinated to unvaccinated admitted at different ages, the result tends to shake one's belief in the commonly accepted doctrine that liability to small-pox decreases with advancing age. While under ten years of age the unvaccinated admitted are to the vaccinated as 2 to 1, between ten and twenty the proportion is more than reversed, and the vaccinated are as 4 to 1 to the unvaccinated, which becomes 5 to 1 between twenty and forty, and 9 to 1 over forty years of age. The number of unvaccinated shows a regular diminution in advancing periods: below ten there were 103 admitted; between ten and twenty, 46; between twenty and forty, 56; over forty, 4. I believe that very few unvaccinated people reach forty without having had an attack of small-pox, and that this accounts for the diminished mortality amongst adults to the number living; and this view is borne out by an account published the other day of the results of a visitation in search of unvaccinated persons in St. George's-in-the-East. The report says: "The numbers of persons discovered unvaccinated in the course of the visitation were as follows: 589 under three years of age, 168 between three and fourteen years of age, and 10 adults." From this it would seem either that vaccination has been much more neglected during the last three years than in the preceding eleven; or, more likely, the last epidemic of small-pox has had something to do with thinning the ranks of the unprotected.

If in the census which is to be taken soon the fact of being vaccinated or unvaccinated were stated concerning each individual, the result would be a large amount of valuable information. But a good deal might be done towards elucidating this point by medical men who are in the habit of examining recruits for the army or police force. It is needless for me, I hope, in an assembly chiefly composed of medical men, to express my firm conviction and belief in the powerful effect exercised by vaccination over subsequent small-pox. I conceive its benefit is shown in three ways: it lessens the liability to take small-pox; it reduces the consequent mortality; and it modifies it even when it does occur, so as to change it from one of the most loathsome and fatal of all the zymotic diseases (as assuredly it was before Jenner's discovery) into a comparatively mild and harmless attack. And even when a fatal result ensues in a vaccinated case, as certainly frequently happens, the cause lies as much in some constitutional deficiency as in the disease itself, and the outward manifestations are never as severe as in the unvaccinated. One very marked difference is in the size of the pustule, which, I may say, is almost invariable. In the unvaccinated you have a large, round, flattened pustule; in the vaccinated you have a smaller acuminated one. These figures prove the foregoing assertions as to mortality: of 591 vaccinated cases, 58 have died, being a percentage of 9·8; of the 209 unvaccinated, 96 have

* Read before the Epidemiological Society, March 6th, 1871.

succumbed, a percentage of 45·8. The difference is perceptible enough. Now, as to severity of the disease. In vaccinated cases it has been found necessary to detain on an average twenty-four days in the hospital; unvaccinated have to be kept thirty-five days.

Does the effect of vaccination wear off? The Registrar-General, acting upon the supposition the fallacy of which in one way I have shown before, answers this question in the negative; but the experience of these 800 cases teaches differently. He, in treating of this question, took the gross mortality, both vaccinated and unvaccinated, at different ages, and so made his deductions. The great fatality amongst the unvaccinated is in infants, and so the gross mortality in infants is raised; but take the vaccinated separately, and we find under ten years of age it is 9¼ per cent.; between ten and twenty, 2¼ per cent.; between twenty and forty, 12¼ per cent.; and over forty, 22½ per cent. There is an apparent contradiction here, when we have a larger percentage under ten years of age than between ten and twenty; but all engaged in practice know that in very young infants, in all disorders, complications carry them off; and that really a great part of the mortality in these cases may be put down to bronchitis, teething, &c. From twenty onwards the percentage of deaths amongst the vaccinated increases steadily. To go safely to work, then, revaccination ought to be performed somewhere about the age of puberty. The value of revaccination as a complete preventive against small-pox has been proved by Mr. Marson's experience at the Small-pox Hospital; and as far as ours goes at Hampstead it confirms it. We have sixty officials connected with the hospital, who are constantly in contact with the sick; and in the three months we have been open not a single case has occurred amongst them. A curious thing also is, that of the 800 cases under discussion to-night not one could prove that he or she had been revaccinated; while we had two suffering from a second attack of small-pox.

A noticeable feature in the class of people attacked is, that for a considerable time the number of men sent to the hospital by far outnumbered the women and children. Now we have many applications for the latter: the men, who, among the working classes, from their more active habits, are more likely to come casually in contact with the disease, have evidently taken it home, and from them their wives and families have been affected.

The number of our patients who are in occupations bringing them in contact with the public, such as barmaids, shop men and women, 'bus- and cab-drivers, &c., shows that, to prevent a contagious disease from spreading, nothing less than compulsory isolation while the contagious power remains is sufficient.

There are other points connected with these cases which I may have an opportunity of bringing before your notice when the epidemic is over, and more leisure to give to their notation than there is at present. I will read the numbers admitted, at the different ages, of vaccinated and unvaccinated, and the mortality and percentage during those periods:—

There were 800 cases admitted between the 1st December, 1870, and the 18th February, 1871.

	No. admitted.	Deaths.	Percentage.
Under 10 years, vaccinated ...	51	5	9·8
Ditto unvaccinated ...	103	54	52·4
Between 10 and 20, vaccinated	211	6	2·8
Ditto unvaccinated ...	46	13	28·2
Between 20 and 40, vaccinated	289	38	12·7
Ditto unvaccinated ...	56	26	46·42
Over 40, vaccinated...	40	9	22·5
Ditto unvaccinated ...	4	3	75
	800	154	19·25
Total vaccinated	591	58	9·8
„ unvaccinated ...	209	96	45·8

I may mention that the applications for beds show no diminution in numbers; but I think that the proportion of severe cases is not quite so large as it was. The total number admitted into Hampstead Hospital is 1135; and at present we have 470 under treatment.

Bad as this epidemic when upon us may appear to be, let us hope that it will bear fruits of good result. Already under its pressure our sanitary reformers are on the move; and the report of the Sanitary Commission just comes in time. It is to be hoped that this epidemic of small-pox will be the last of its kind; that it will prove to be, as it were, the boundary-stone placed to mark the place where the old rule of complete local self-mismanagement was replaced by that of a proper centralisation under a competent head; and that the reign of confusion, in which boards of guardians, vestries, local boards, and other intractable bodies have to be coaxed and wheedled into doing their duty, is fast drawing to an end. We look forward with pleasurable anticipation to that time when, under the firm rule of a Minister of Public Health, sanitary measures will be judiciously and vigorously enforced, and zymotic diseases—small-pox among the number—will be driven out of our island as effectually as St. Patrick banished reptiles from Ireland.

ON THE

SO-CALLED "BONE-SETTING," ITS NATURE AND RESULTS.

BY WHARTON HOOD, M.D., M.R.C.S.

(*Continued from p. 338.*)

THE patients who sought aid from Mr. Hutton had, in a very large proportion of instances, been under surgical treatment for some injury; and I could describe no more typical case, and none of more frequent occurrence, than the following:—

A healthy man sustained a fracture of one or both bones of the forearm, and went to a hospital, where splints were applied in the usual way. He was made an out-patient, and the splints were occasionally taken off and replaced. After the lapse of a certain number of weeks the bones had become firmly united, the splints were laid aside, and the man was discharged cured. He said that he could not use either his hand or his forearm, but was assured that his difficulty only arose from the stiffness incidental to long rest of them, and that it would soon disappear. Instead of disappearing, it rather increased, and in due time he came to Mr. Hutton. The arm and forearm were bent nearly at a right angle to each other; the forearm was intermediate between pronation and supination; the hand in a line with it; and the fingers were straight and rigid, the patient being unable to move them, and also unable to move either the wrist or elbow. Passive motion could be accomplished within narrow limits, but produced sharp pain, distinctly localised in some single spot about each joint, in which spot there was also tenderness on pressure. Mr. Hutton would tell the man that his wrist and his elbow were "out." The man would object that the injury had been in the middle of the forearm—perhaps from a blow or other direct violence. Mr. Hutton would reply that perhaps the arm might have been broken as alleged, but that the wrist and the elbow had been put out at the same time, and that these injuries had been overlooked by the doctors. He would then, by a rapid and dexterous manipulation, hereafter to be described, at once overcome the stiffness of the fingers, and enable the patient to move them to and fro. The instant benefit received would dispel all scruples about submitting the wrist and the elbow to manipulation; and these also would be set free in their turn. The man would go away easily flexing and extending his lately rigid joints, and fully convinced that he had sustained grievous harm at the hands of his legitimate doctors.

Cases of impaired mobility, following disease of joints or parts near them, were also of frequent occurrence; but cases of active joint disease were seldom interfered with. Mr. Hutton avoided handling a joint that appeared to his perceptions inflamed—i.e., about which there was manifest great heat or redness, or from which there was purulent discharge; and I have seldom seen him operate when there were open sinuses in the neighbourhood.

The cases were, as a rule, chronic, and the existence of some slight mobility (however slight) seemed to be a condition essential to success; and the first inquiries made had

reference to the presence of pain. Mr. Hutton's frequent remark, "If there is no pain I can't do much good," showed the value he attached to this symptom. The conditions actually treated I should classify in the following manner:—

1. Stiffness and pain of joints following fracture of one of the bones forming them. These cases are of two classes—(*a*) simply stiff joints, rendered so by want of movement, and by having been included in the splints applied to the fracture; and (*b*) stiff and swollen joints, which had been more or less implicated in the original injury.
2. Sprains, whether of recent date or of old standing, but which had been treated by rigidly enforced rest.
3. Joints that had been kept at rest voluntarily for the avoidance of pain, either after some injury to themselves, or to the soft parts around them, or after some painful disease affecting the latter—e.g., a stiff shoulder-joint following inflammation and suppuration of the bursa beneath the deltoid muscle.
4. Rheumatic and gouty joints.
5. Displaced cartilages.
6. Ganglionic swellings about the carpus.
7. Subluxation of bones of the carpus and tarsus.
8. Displaced tendons.
9. Hysterical joints.

The manipulation of cases of nearly all these kinds has fully convinced me that when a joint is kept at rest it is apt to undergo changes in restraint of movement, affecting either its own structures or those immediately surrounding it. It is probable that some constitutional states involve a special proclivity to such changes, and that they occur earlier in some persons than in others. It would be difficult to speak with certainty about their seat or nature without anatomical examination; but they resist passive motion with a sort of elastic resistance, as if the joints were restrained by ligamentous or strong fibrous tissue. Possibly in some cases the proper ligaments may become contracted or rigid, or adherent to neighbouring parts; in others adventitious fibrous bands may be formed; in others muscles may have undergone shortening. Again, effusion may have become solidified, and thus movement be impaired, as if by a state of things analogous to a rusty hinge. It is even probable that one effect of rest may be to diminish secretion (the natural stimulus afforded by movement being withdrawn) both in the articulations themselves and in the sheaths of tendons; and so to produce a kind of unnatural dryness, analogous to that which we may suppose to exist in the case of a horse that is "stiff at starting." In all, however, the impediment to motion becomes a source of pain when motion is attempted; and the pain is often looked upon as an indication for continued rest. A patient will often unintentionally deceive his surgeon by saying that the affected joint "feels weak," an expression that seems naturally to suggest the use of some form of mechanical support. While this is worn it gives a slight increase of power, but its removal leaves the former condition essentially unchanged. The meaning of "weakness" in such cases is that the joint cannot be moved without pain, and people only use the word for want of knowing how to describe accurately the existing condition. Anyone who has ever suffered from lumbago will understand this. A person so suffering feels "weakness" in the sense that the power to rise from the recumbent posture is apparently gone. It is not really gone, but there is an instinctive dread of calling the affected muscles into action; and this dread conveys to the mind an impression of inability to move, which can only be overcome by a most determined effort of the will.

Now the cases in which Mr. Hutton attained his successes were those in which some restraint of movement, due either to an injury, or to the rest consequent upon it, or to both together, and which painfully checked the motions of the joint, admitted of being at once overcome by manipulation. In the case of Mr. A——, described in the preceding paper, no doubt some adventitious band was restraining movement, and that one of its attachments was to the lower margin of the internal condyle of the femur. Pain at this spot was experienced, and further movement was checked, as soon as this band was rendered tense. Its frequent traction upon its insertion caused that part to be constantly tender under pressure; and its generally disturbing influence excited and maintained an irritated and swollen condition of the joint. Mr. Hutton ruptured the band when he twisted and sharply flexed the limb; and all the troubles consequent upon its presence either immediately or gradually subsided. I frequently saw him handling joints which at the time seemed to me not likely to be improved by such treatment; and yet, when the operation was finished and much pain had been produced, the patients joyfully expressed their sense of increased power and freedom of movement.

I have already mentioned that my own early failures to afford the required relief were due to my not using sufficient force to overcome the resistance. I was too tender in my handling, because possessed by a perfectly groundless fear of exciting inflammatory action. Mr. Hutton has often told me that he had never seen inflammation follow his manipulations; and although it is very possible that some persons in whom it did follow may have kept away from him, I have no hesitation in saying that it is not to be feared as a result of forcibly overcoming the kind of restraints to motion that I have been considering. Such restraints would be present in greater or lesser degree in the first four of the classes of cases that I have set down; although in the fourth class, the gouty and rheumatic joints, there would often be such other changes as to render the treatment by movement of only limited utility. Cases of displaced cartilage, too, would often be attended by voluntary restraint of movement for fear of pain, and hence by the formation of some kind of adhesion; and then manipulation might affect the double purpose of breaking the adhesion and of rectifying the displacement.

Ganglionic swellings about the carpus are commonly attended with pain and weakness of the joint. Their occasional stony hardness made Mr. Hutton look upon them as displaced bones; he would not entertain the idea that a bag of fluid could give such a sensation to the touch; and when he found that they disappeared from under his thumb, from the pressure and flexion employed, he would allege that the bone had slipped into its place.

Subluxations of carpal and tarsal bones must have been present, I think, in a considerable number of instances. I mean by subluxation some disturbance of the proper relations of a bone, without absolute displacement; and I believe that such disturbance may be produced either by the traction of a band of adhesion about the joints, or by a twist or other direct violence. I see no other explanation, for example, of Mr. Ponsonby's account of the accident that happened to him after Mr. Hutton's first manipulation. It seems clear that in the first instance the artificial position so long maintained had given rise to some kind of adhesion about the tarsus, the exact spot where pain was so acute being over the upper portion of the calcaneo-cuboid articulation, and that this adhesion was broken through and the foot restored to freedom. But the lameness that was soon after produced by over-exertion, and that was immediately removed by manipulation, must surely have been due to some change in the relations or apposition of the articular surfaces.

Displacement of a tendon is certainly of more frequent occurrence than is usually supposed; and, excluding several cases where the symptoms were unmistakable, I have seen numerous others operated upon in which the alteration in the appearance of the joint immediately afterwards could only be accounted for by this explanation of the injury. In such cases I made several attempts to make Mr. Hutton abandon his notion that a bone was out, and perceive the true character of the change. He was, however, quite impervious to argument upon the point; and stuck to his single explanation in every case in which his methods remedied a defect.

A certain proportion of "hysterical joints" were treated successfully; and here it was not so much the treatment as the man and the attendant circumstances that worked the cure.

It will be seen from the preceding outline that Mr. Hutton virtually excluded cases of true anchylosis, and cases of acute articular diseases, from the category of those in which he could be useful. Recent fractures were seldom brought to him; and when they came, at least in the only class of cases I ever saw—viz., fractures of the forearm, clavicle, and fingers,—he treated them by strapping and bandaging. In fracture of one of the bones of the forearm this plan answered very well, the purpose of a splint being fulfilled by the other.

In cases of fractured clavicle his plan was to apply three

pieces of plaster, each about 2 ft. in length and 2 in. in breadth. He fixed one end of each piece to the centre of the sternum, and, drawing the plaster tightly over the fracture, he fastened the other end on the back, below the point of the scapula; the arm was carried in a sling, and the cases usually did very well.

Ununited fractures of old standing were occasionally seen, and they invariably went away unimproved.

Dislocations, in the surgical sense of the word, were almost limited to a few old unreduced cases; and in these the extent of benefit afforded was to increase in some degree the mobility of the head of the bone in its new position.

After having satisfied himself by examination and inquiry that a given case was one suited for his treatment, Mr. Hutton's first step was to feel all round the affected joint for a spot that was painful on pressure, and in all his subsequent manipulations he was careful to fix this painful spot by firm pressure with a thumb. It might be found anywhere about a joint, but more frequently on the inner than the outer aspect; and in each joint it had its most frequent situation—in the hip, over the head of the femur; about the centre of the groin; in the knee, at the lower edge of the internal condyle; in the elbow, over the internal condyle of the humerus; at the wrist, over the scaphoid or semilunar bone; and so on. The painful spot being discovered, the limb was steadied on the proximal, and grasped on the distal, side of the affected joint, the thumb pressure was applied to the seat of pain, and the joint sharply flexed, or flexed and extended, sometimes also abducted or adducted, as the case might be. The direction of movement would depend mainly upon the direction of resistance—a principle which presented itself to Mr. Hutton's mind in the shape of the maxim that "a joint must be put in the reverse way to what it had been put out." The resistance of muscles was overcome, or at least reduced to a minimum, by rotating the limb below the joint as much as possible on its axis. In this way the muscles were thrown out of their ordinary lines of action, and were rendered almost powerless. Mr. Paget, in his lecture from which I have already quoted, says, "Bone-setters violently move the joints against the muscular resistance until the muscles are wearied and beaten." As far as Mr. Hutton was concerned, this description is not founded upon fact, for he by his rotation manœuvre simply evaded muscular resistance, and his manipulations were never so prolonged that muscles could be "wearied and beaten."

The cases referred to in the first paper were all instances in which freedom of movement was restored by a single operation. This, however, could not always be accomplished, and the manipulation was sometimes repeated again and again. In such cases Mr. Hutton attached importance to the production of sensations of tingling in the course of the affected limb, and was not satisfied that he had done all that was in his power until the tingling extended quite to the tips of the fingers or toes.

Some of the classes of cases that I have enumerated above are sufficiently well known to surgeons; and I think it is, on the whole, clear that the art of the bone-setter rests, in point of fact, upon the frequent occurrence of what may be called a minor degree of false anchylosis, variously produced, and perhaps located in different natural or adventitious structures.

While pronounced degrees of false anchylosis have long been recognised, and have lately, in an increasing number of cases, been successfully broken through, the minor degrees seem to have almost entirely escaped observation; and it is worthy of remark that their partial character has probably served to disguise their nature, and to cause them to be mistaken for more active forms of articular disease. A complete false anchylosis almost entirely prevents movement; while an adhesion that only checks movement will be a constant source of injurious strain upon the structures of the joint, and will be liable again and again to set up acute irritation. It seems, therefore, in the highest degree important that these single or partial adhesions should be fully recognised by the profession; and that it should no longer be left to unauthorised practitioners to treat them successfully after surgeons have failed to do so. For their ready recognition I think Mr. Hutton's two chief indications are fully sufficient, when once attention has been drawn to their occurrence. A slight degree of mobility, checked by pain, and accompanied by a spot tender on pressure, is sufficient, in the absence of any evidence of acute disease, to justify manipulation having for its object the breaking down of adhesions. The chief lesson, however, which these cases should teach is the employment of a method of treating injuries which may prevent adhesions from being formed. To this part of the subject I shall return hereafter.

Perhaps the most noteworthy feature of Mr. Hutton's treatment was the ingenuity with which he rendered the leverage of the limbs themselves available for the purpose of obtaining the power necessary for the accomplishment of his objects, so that he was able to dispense entirely with mechanical appliances. His methods bore to those ordinarily used in anchylosis the same relation that the reduction of a dislocated hip by simple manipulation bears to its reduction by pulleys; and here, I think, surgery may obtain useful hints. It is also noteworthy that he made little or no use of extension. He used to say, "Pulling is of little use: the twist is the thing." And I have no doubt that this method of evading muscular resistance might also be made very extensively useful. The precise manner of applying it to each joint can only be rendered fully intelligible by the aid of figures; and I purpose to enter upon this part of the subject in my next communication.

(To be continued.)

ON THE

METHODS TO BE ADOPTED IN THE CONSTRUCTION OF MENTAL SCIENCE;

TOGETHER WITH HINTS FOR THE LOCALISATION OF THE INTELLECTUAL FACULTIES, BUT MORE ESPECIALLY THE EMOTIONS.

BY W. G. DAVIES.

IT must by this time be strongly suspected that, if the various functions which the mind is found to perform are to be minutely analysed and localised, it must be by the convergence from different points of certain methods of investigation which hitherto have been pursued too much in ignorance and distrust of each other. The psychological method has long had unlimited sway, but only to prove that, unaided and unchecked by other modes of inquiry, it is unequal to the task of discovering the true science of mind.

Not many years ago a certain line of investigation was pursued with considerable ardour, the followers of which made themselves remarkable for the scorn with which they "broke with the past," and the great ado they made about their wide induction of facts. I mean the phrenologists, as they styled themselves—a name, however, to which they could make no fair claim, for, as an *ology* of the brain, their system is now fully discovered to be crude and defective, rejected both by the psychologist, on the one hand, and by the cerebral anatomist, on the other; and all that is true in it has been incorporated with the more carefully collected body of facts known as anthropology.

Then, again, the anatomists, though now possessing much intimate acquaintance with the structure of the brain, are at variance as to the indications which it affords of its mode of action, some holding that the whole of the hemispherical surface is concerned in every mental operation, others that the brain is divided into separate organs, each of which has its specific office to perform.

Now the failure of either of these lines of research, when exclusively pursued, to lead to the truth, should teach us, it would seem, the necessity of combining them. Let us call them respectively Psychology, Anthropology (or the natural history of man), and Cerebral Anatomy. Mental physiology and pathology are mixed methods, being a union of the anatomical chiefly with the anthropological, or method of external observation of living men in health and disease.

I. Let me, in the first place, point out the part which the Psychological method has to perform in the analysis of the human mind. We have no other outlet to Being than

Knowing. Whatever exists for us, exists solely through the medium, in fact through the *ipse dixit*, of intelligence. Why does the world exist for a man, and not for a stone? It is because the man is possessed of knowing powers, and the stone is not. Again, knowledge at first hand must necessarily precede knowledge at second hand. We know our own thoughts and feelings at first hand—that is, we know them presentatively, or in themselves; but we can only know the thoughts and feelings of other minds than our own when we know our own mental phenomena first—that is, we can only be cognisant of the former at second hand, or by representation. It is because I think and feel and will that I am able to comprehend what other people experience when they do the same. If there were a race of men whose mental manifestations were wholly unlike my own, I should not be able to represent to myself the operation of their minds. The thoughts and feelings of an intelligent brute we may enter into, because the greater contains the less; but the mind of the Great Creator we can only comprehend in part, because the less is only equal to a portion of the greater. Perception, generalisation, abstraction, attention, reasoning; emotion, desire, will, would be to me only so many articulate sounds signifying nothing, were it not that they are associated with operations of which I have a presentative consciousness in my own mind, and which I could not possibly know at second hand, or as they exist in other minds, but through this face-to-face cognition of them in my own intelligence.

Let us, in order to illustrate this point as clearly as possible, imagine, with an oriental disregard of probability, that there were a race of people destitute of reasoning powers, but nevertheless quick in perceiving facts and events, and skilful in expressing them. Then let us suppose that one of these came among us and described what he noticed, among other things, a certain peculiarity of ours which was quite strange to him, and which he could not comprehend at all—namely, that we used certain forms of speech, arguments, and certain words, illative conjunctions. Now why should these be strange to him? Because he had not the clue to them in his own consciousness. It seems to be clearly evident, therefore, that if we do not know mental phenomena at first hand—that is, by introspection—we must absolutely be as ignorant of them as the physical world is of its own existence.

What, after this, can we think of Comte's objection to the introspective method?—which objection amounts to something like this. When we are experiencing a train of thought, the cells of the brain are in operation; but if we attempt to analyse this train, the cells must set up quite another kind of action. Where, then, is the train of thought which it was purposed to analyse? It has vanished. Every time, therefore, that we attempt, from some point, as it were, in the rear of them, to gaze upon the processions of thought which pass through the mind, we find ourselves staring into vacancy. Perhaps Comte's view of the introspective method could not be more graphically set forth than by comparing it to the Irishman's attempt, by an appeal to the looking-glass, to see how he appeared when his eyes were shut. Now, if introspection were, as Comte supposes, an act of the mind separate from the one sought to be inspected, his criticism would be unanswerable. What I contend for, however, is that, far from being a distinct act, introspection is an inseparable element of the very operation which has to be analysed.

But let us at this critical point survey the position on which we stand. First, then, a certain number of the laws of the mind have been ascertained. Secondly, according to Comte, they could not have been ascertained by introspection. But, thirdly, they could not possibly have been known except they were in the first place cognised in themselves, or presentatively, as opposed to representatively. From this it follows, therefore, that they must be known introspectively, or not be known at all. But in what way are they thus known?

In every thought there is the consciousness of being conscious of something. We not only know, but *know* that we know. Intellectual consciousness never exists without being possessed of three elements at least, which may be thus described. First, Knowing that I *know*. Here prominence is given to the object known. Secondly, Knowing that *I* know. Here prominence is given to the realisation through consciousness of my personality. Thirdly, *Knowing* that I know. Here prominence is given to the introspective element which exists in all consciousness. This element it is which, by the aid of anthropology and cerebral anatomy—certainly not without their aid, as the past testifies,—enables us to establish a science of mind.

It is necessary, however, to explain that the introspective element of consciousness does not let us, at once, into the secrets of thinking and feeling, any more than the objective element of consciousness enables us, at once, to pierce the veil which conceals the facts of the external universe from observation. Both kinds of perception demand careful cultivation, and the ascertaining of certain facts as the means of arriving at others. Starting, as it were, each one from the coast, we can only advance into the unexplored regions beyond by first traversing those which have already become known. In most persons the introspective element of consciousness simply serves to make them conscious that they are conscious of an object; but in the few who cultivate psychology it becomes developed to a much larger degree. Mere intensity of observation, however, in the realm of mind will not command facts to deploy before the mental eye, any more than indefatigable observation and experiment will ensure success in the realm of external nature. Adhesion to a right method is all-important. "A cripple in the right way," as Bacon remarks, "will beat a racer in the wrong one." A similar thought occurred to Descartes. Now, while maintaining that psychology is an indispensable branch of mental science, we are forced to concede that its past history mainly reveals that in its pursuit of certain routes it only succeeded in showing that they led away from the truth. A most serviceable negative result has thus been obtained. If certain lines of research have been followed by men of powerful intellect, but with slight success, the courses now remaining to be trod are fewer than they were, and these happily are in the same direction as those which, in physical science, have led to such grand and enduring results.

Most of the vices to which psychology has been prone result from its receiving no aid and no check from the other two methods. The mere psychologist examines his own thoughts, without, on the one hand, paying due deference to anatomy by informing himself as to the connexion which his mental operations have with his organism; and, on the other, without exerting himself to become acquainted with the facts which anthropology presents to his notice. Owing to this twofold ignorance, the psychologist is apt to have visionary views in respect of the essence of mind—views which create a wide gulf between him and the physiologist, who can, in his study of man's corporeal nature, discover no grounds for them. Hence war between two sections which ought to be in most friendly alliance. Again, owing to this ignorance, the psychologist is apt to take his own mind as a specimen of all minds; whereas he ought to separate, by the aid of anthropology, the *homme général* which is in him from the *homme particulier*, and regard his own mind as a specimen of that of the race only in the former character. Then, when scrutinising his own mental phenomena without regard to the history of their development, he is led to regard compound or built-up manifestations as if they were simple, overlooking the fact that they were constructed like vision, for example, out of elements which are no longer realisable in consciousness. The anatomy of the brain and nervous system generally, together with a knowledge, as far as it has been discovered, of their mode of action; the natural history of intelligence as manifested by the brute creation, and by the various races of mankind in different stages of development,—these are studies which, should the psychologist of the present day treat them with indifference, will infallibly prove him to be behind the age. By familiarity with these branches he will alone be enabled to select proper specimens, with a view to their scientific co-ordination, out of that museum, his own mind; and be taught to respect the boundary which divides internal from external observation.

True psychology, then, is that system which endeavours to make its own facts fit in with those of anatomy and anthropology. Psychology is the logician of the exploring party; anthropology the natural historian. Psychology, from its immediate knowledge of the facts of consciousness, those shown by anthropology to be general and not mere idiosyncrasies, penetrates—chiefly by reasoning, as is the case in geology—into the recondite nature of these, and so

analyses them into their simple elements as to enable the anatomist to discover the seat of these elements. For I conceive that it is the simple operations exclusively which can be possessed of seats in the brain. A complex mental operation must be the result of one or more seats acting in concert.

Before concluding this head, I would remark that it seems as if one obstacle to the proper understanding of the psychological method has arisen from not drawing attention to the fact that consciousness has no existence but as a contemplation of its objects. If we would try to think of the thought of a rose as something separate from the mental object-rose, we find that we cannot do so. All knowing is a relation between one element, the subject, and another element, the object. To try, therefore, to contemplate the one without the other is to attempt an impossibility—namely, to contemplate less than the *minimum scibile*. It follows from this that if the operations of the mind are to be known, they must be known in thought-objects. The mind, when conscious of its own workings, is so through the medium of the thought-objects with which it works. These objects, therefore, and more especially these objects and their relations as expressed in language, constitute the department of knowledge which it is the province of the psychologist to investigate. The only difference between introspective observation and outward is, that the objects in the one case are intellectual and emotional only, in the other sensational as well as intellectual. There are no mere objects *as known*. What is called an external object is an object in sensation calling into action thoughts in the intellect related to it. The known external object is therefore an object in sensation, as a whole, discriminated into parts by the intellect; and when two or more wholes in sensation are thus discriminated, and certain of their parts are found to resemble each other, these form a concept and are given one name, a name univocally applicable to each and all of these resembling parts. The latter, however, it is necessary to bear in mind, do not form a whole or a general idea by themselves—that is, the resembling parts of many wholes cannot be shaped into a notion without the coexistence of some of the dissimilar parts. For instance, we cannot form a notion of a triangle according to the definition without calling in the aid of parts which the definition does not embrace because not similar in every three-sided figure. It is impossible to form a notion of a triangle which is neither equilateral nor the contrary. A general notion, therefore, when realised in the mind, must be so realised in conjunction with some of its accidents—notions less general than itself.

II. I proceed, in the next place, to make a few remarks on the Anthropological method. This method, when setting up for independency, has proved itself quite as liable to error and romance as the metaphysical dogmatism of the ancient and modern world. Let me cite as an instance that remarkable division of the intellect by the phrenologists into fourteen organs (George Combe). What mind with any genius for introspection could possibly make such a division of the faculties as we have here? Time distinct from Eventuality; as if events could happen but in time, or time be noted but by the succession of events. Individuality distinct from Size and Form; as if individual things, such as trees, rocks, and rivers, could exist without size (occupying space) and form. Objects are first known in perception, and as thus known we call them percepts. When several of these objects are known to resemble each other in certain of their qualities, this is called, in relation to the intellect, conception ("*con-capere hoc cum illo*")—in relation to the object, a concept or general notion. Now, since percepts exist, in the order of knowledge, before concepts, it was incumbent upon the phrenologists to seek organs for the former before doing so for the latter. But what have they done? They have formed such notions or concepts as individuality, eventuality, size, form, weight, time, &c., and then sought for organs for these. But if these notions are already involved in the percepts which necessarily precede concepts, what an illogical procedure it must be to map the cranium as the phrenologists have done. According to their own doctrine, all general notions should be the offspring of the organ they call Comparison. Notice here especially the absurd cross division into which they have fallen. They postulate a separate organ for such concepts as size, form, weight, time, &c.; and then they postulate another organ for concepts in general. Now, as far as we have been able to discover, the intellectual mind is seated in so many perceptive centres, each of these being in direct connexion, by means of nerve-fibres, with its sense-centre below; and such organs as Comparison and Causality are not wanted, the perceptive centres being adequate for all thought. It would occupy too much space to enter with any fulness into this question here, so I beg to refer the reader to two articles in the *Journal of Mental Science*, in which the subject is treated at some length.* These remarks, however, may suffice to show how outward observation, without the aid of an introspective, reasoned, and exhaustive analysis, is not to be depended upon when it would attempt to establish a complete science of mind.

It fares as badly with the anthropological method when it dispenses with the aid of anatomy. Fourteen intellectual organs in all are assigned in the phrenological map to the frontal region of the head. Surely we should expect to find indications in the brain of the existence of these organs. But, lo! there are none. In the anatomical court of appeal, then, phrenology fares as badly as it does in the psychological court. But how fares it with a system of psychology which seeks to be reasoned out from all the facts of the case? We have arrived at the conclusion that, answering to the senses of touch, sight, and hearing, there are three perceptive centres. Now, if this be a correct inference, we should expect to find three leading convolutions which may happen to be the centres in question. Is this expectation verified? It certainly is a striking coincidence that there are in the frontal lobe of the brain the three convolutions known as the superior, middle, and inferior; and that the evidence, as far as it goes, is in favour of the hypothesis which locates the intellectual faculty of hearing in the last of these. This coincidence, if it does nothing more, at least serves to show that verisimilitude is attained in proportion as the three methods of inquiry are made to converge to one point.

(*To be concluded.*)

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

LONDON HOSPITAL.

NOTES FROM THE OUT-PATIENT PRACTICE OF DR. HUGHLINGS JACKSON.

Subjective Sensations of Smell, with Epileptiform Seizures.—At a visit (Feb. 2nd) to one of the two medical out-patient rooms, Dr. Hughlings Jackson drew our attention to several cases of disease of the nervous system. One of them was that of a patient, sixty years of age, who had epileptiform seizures in association with subjective sensations of smell—a case mentioned in our Mirror, June 16th, 1866; to which report we may refer for remarks on this subject. This patient can smell nothing; and yet has now and then a "stench in his nose," usually as his fit passes off. He has had convulsions, in which he has bitten his tongue; but more recently there have been losses of consciousness, without movement of the limbs—what he calls attacks of forgetfulness. In these he is unconscious, becomes pale, and usually remains still. In one attack, however, he went from Poplar to Deptford—eight miles. The facts are that he lost himself at Poplar, and found himself again at a public-house at Deptford, where, *fourteen years ago*, he used to live. He walked, he supposes,

* "The Distinction, Physiologically and Psychologically considered, between Perception, Memory, Sensation, and Intellect," October, 1868. "The Perceptive Centres and their Localisation," July, 1869.

round by London-bridge; because if he had crossed the river lower down he must have paid for his passage by boat. Some time since he walked into a canal during a seizure. Dr. Hughlings Jackson's speculation is that, in such cases as these, there is disease of the brain in the region of the anterior cerebral artery. Bromide of potassium does the man a little good; but it has not had much influence on his seizures.

Such cases of quasi-somnambulism have a medico-legal interest. (See Bazire's Translation of Trousseau, vol. i.; and "Masked Epilepsy," by Dr. Thorne Thorne, St. Bartholomew's Hospital Reports, vol. vi.)

Epileptiform Amaurosis. — There are cases in which a patient suddenly loses his sight. He may go into absolute darkness for a few moments; but more frequently there is only great temporary diminution of sight. This symptom Dr. Hughlings Jackson used to call "epilepsy of the retina," but he now prefers the name "epileptiform amaurosis," since he cannot be sure that the retina is the part at fault, and, indeed, he believes it is not, at all events, the part *primarily* diseased. In some cases it is hard to determine whether the temporary defect be owing to temporary loss of sight, or to failure of accommodation or to confusion of images, the result of irregular action of the ocular muscles. When temporary loss of sight is the sole nervous symptom, it is, Dr. Hughlings Jackson believes, impossible to fix the seat of the lesion causing the symptom, just as it is in cases where double optic neuritis is the sole nervous symptom. Neither of these symptoms is, so far as we have yet learned, "localising." Temporary defect of sight may be the sole nervous symptom in a case, or it may precede a convulsion, and not unfrequently it is contemporaneous with a one-sided spasm of the face or hand. Temporary loss of sight is not the analogue of the subjective sensations of smell just spoken of, but of temporary loss of smell, a condition of which Dr. Hughlings Jackson has never heard a patient complain. The analogue of the subjective sensations of smell are the temporary sensations of colour, "balls of fire," &c., which sometimes precede convulsion, or are contemporaneous with the onset of some convulsions, most frequently those beginning by spasm of the hand or face. It is to be observed that such subjective sensations of sight occasionally precede optic neuritis: the development of optic neuritis is to be feared if the patient suffer intense pain in the head. When subjective sensations of sight occur along with spasm starting in the hand or side of the face, Dr. Hughlings Jackson believes the latter symptom shows the disease to be seated in the cerebral hemisphere opposite the side of the body in which the spasm starts. Here it may be remarked that patients very rarely complain of seizures beginning by subjective sensations of hearing. An analogous fact is that deafness (of both ears) is rarely seen with convulsive seizures (epileptiform seizures are occasionally associated with *organic* disease of the ear), whilst amaurosis (from double optic neuritis) is not unfrequently seen in that association.

*Epileptic Aphasia.**—In certain limited convulsions the patient loses his speech without losing consciousness. This is not to be confounded with *petit mal*. Temporary loss of speech most often occurs in those cases of unilateral convulsions in which the spasm starts in the *right* cheek. Temporary loss or great defect of speech is observed sometimes when the spasm is quite limited to the right side of the face. The patient may consult us because he occasionally suddenly loses his speech for a few minutes. For instance, he goes to a shop, and on trying to give an order finds that he cannot talk, or that he talks so badly that he is supposed to be drunk. In a case Dr. Hughlings Jackson had seen from the practice of Dr. Hearnden, of Sutton, there was on one occasion loss of speech for several hours, and then a convulsion, with loss of consciousness; on two subsequent occasions there was loss of speech for half an hour. In each of these seizures there was spasm of the right side of the face, and there is weakness of the right arm and leg—imperfect hemiplegia. It is important to note the manner of talking *after* attacks of convulsion beginning in the right side: but this is no easy matter. The defect is often so slight that it seems to melt into nothing when it is described. We hope, however, shortly to give details of a very remarkable case of epileptic aphasia observed in this hospital by Mr. Stephen Mackenzie; the patient blundered strangely in replying to questions. In this instance the exact mode of onset of the convulsion was not known; the spasm, however, had been on the right side. It is greatly to be desired that the patient should be set to write during the continuance of the temporary loss or defect of speech. On this point there are few facts. It is worth mentioning that some patients will say that they can write during their temporary condition of speechlessness, when on investigation it turns out that they merely assume that they can, and that they have never really tried to write. We must remember, also, that a patient who is permanently speechless may write his name when he can write nothing more, and that he may be able to copy writing or print. Lastly, it is to be observed that temporary loss of speech for several hours or days occurs in cases of valvular disease of the heart—presumably from embolism. No doubt also it occurs from small clots and from thrombosis. Dr. Hughlings Jackson believes that epileptiform seizures occur from local instability induced by plugging of vessels (embolism or thrombosis).

* "There is a peculiar class of cases of epileptic hemiplegia, in which the exciting cause of the epileptic fit at the same time damages or greatly injures voluntary power and speech."—TODD: "Nervous Diseases," Lect. xv.

ST. GEORGE'S HOSPITAL.

A CASE OF PERFORATING ULCER OF THE DUODENUM.

(Under the care of Dr. BARCLAY.)

IN a recent number (Feb. 18th) we published a case of perforating ulcer of the duodenum which occurred at this hospital. Dr. Cavafy favours us with the following report of a second case, which differs widely in its clinical aspects from the first, though pathologically precisely similar.

George G——, aged fifty-six, admitted in the evening of Feb. 18th, stated that, with the exception of epigastric pain, increased by taking food, which he had suffered for the last three weeks, he had always had good health. The pain had not been very severe, and had not incapacitated him for work. On the day of admission he had taken bread and cheese for dinner in the middle of the day. The meal was followed by the usual slight epigastric pain, and he thought nothing of it. But a little before 6 o'clock, while walking in the park, he was suddenly attacked by extreme violent pain in the belly, and was at once brought to the hospital. On admission, he was found to be a well-built, powerful man. He had intense pain, which was much increased on pressure, and was referred to the *lower* part of the abdomen, which was flat and very hard. He was sweating profusely. His pulse was 80. The bowels had been open twice on that day, and there had been no sickness. He was ordered some brandy, with half a drachm of laudanum. This he vomited at 7 P.M. He was injected subcutaneously with half a grain of morphia, and, perforation being suspected, everything was administered by the rectum. At 9.30 he was under the influence of morphia, the pupils being contracted; but the pain was still severe. On the 19th there had been no fresh sickness; the bowels had not been open; the tongue was slightly furred; the pain was pretty general, but was now most severe in the epigastric region; the abdomen was slightly more distended, but still very hard. (He had taken one grain of opium every four hours since midnight of the 18th.) The pupils were contracted; the urine was very high-coloured and albuminous. At 10 P.M. he was in a state of collapse, still conscious, but pulseless, with cold extremities, contracted pupils, and continued pain. At about 3 A.M. he passed into a state of violent delirium, which necessitated his being held down in bed, and continued till death occurred at 7 A.M. on the 20th.

At the post-mortem, Dr. Whipham found miliary tubercle and excess of fibrous tissue at the apex of the right lung. There were dilatation and atheroma of the arch of the aorta, turbid yellow fluid, and much recent lymph in the peritoneum, coating the liver and stomach. In the first portion of the duodenum, a little beyond the pylorus, and on the anterior surface, was a rounded perforation, with clear-cut edges, a little larger than a pea. On laying open the gut, this was found to have been caused by a small ulcer, whose edges were not thickened, and of which the diameter was a little greater than that of the perforation. No other ulcer existed.

PROVINCIAL HOSPITAL REPORTS.

BIRMINGHAM AND MIDLAND EYE HOSPITAL.

HYSTERICAL CLOSURE OF RIGHT EYELIDS CURED BY GALVANISM.

(*Communicated by* Mr. FRANK H. HODGES, House-Surgeon.)

A FEMALE servant, aged sixteen, was brought here from a country town on the 17th February, by her mistress, suffering from inability to raise the right upper eyelid. On inquiry, it was found to have existed upwards of six weeks, and to have resisted a variety of both external and internal remedies; the former consisting of large blisters across the brows, which were still unhealed, and, according to the patient's account, of galvanism to the temples. The mistress had been alarmed by the surgeon in attendance giving it as his opinion that the affection was due to disease of the brain. The appearance and age of the patient, together with the absence of any other implication of the third nerve, suggested hysteria as the cause; and this diagnosis was borne out by the fact that on raising the affected lid with the finger whilst the patient's attention was attracted by an examination of the sound eye, and then removing the support, the eyelids remained open until the patient, suddenly recollecting herself, again closed them.

My friend Mr. Maberly, a student of the Queen's Hospital, who saw the case with me, and who had about a month previously witnessed the immediate cure of hysterical aphonia by the sudden galvanic shock applied directly to the vocal cords by Dr. Morell Mackenzie's apparatus, suggested that similar treatment would be applicable in this case, which was carried out as follows. The patient having been previously told that an immediate cure would result from the operation, one conducting wire of the galvanic battery was applied to the outer canthus, and, the instrument having been wound up to its full strength, the other wire was brought down upon the inner canthus. The effect was startling, the patient screaming and clutching at her eye; and when the hand was removed the eyelids were found to have regained completely their natural action. To ensure a lasting impression upon the patient's mind, the operation was repeated, and she went away, having returned many thanks for regaining the power she had lost for so many weeks. Nothing has since been heard of the girl, and, as her mistress promised to bring her at once to the hospital should the symptoms recur, it is concluded that she continues well.

FOREIGN HOSPITAL REPORTS.

GENERAL HOSPITAL, VIENNA.

PROFESSOR HEBRA'S CLINIQUE.

Case of the so-called Peliosis Rheumatica.—A girl of fourteen was sent to the hospital on account of an eruption on her legs and thighs, which now are mottled over in front with a number of small, irregular, bluish, and slightly raised patches, between which the skin is normal. Fifteen days ago she had pain and slight swelling in her knees and ankles, and was obliged to lie up, but was not seriously ill. She has now only a slight pain in her left hip-joint. The eruption on her legs was discovered accidentally by her mistress. The spots have never "burnt" nor itched. Her nose has not bled, nor have her gums been sore.

Professor Hebra observed: We have here to do with a form of purpura which neither has (*a*) a scorbutic origin, nor (*b*) arises from weakness and delicacy of the walls of the bloodvessels; but (*c*) whose cause, equally with the cause of the rheumatism with which it is associated, is at present an enigma. It may possibly depend on a momentary blood stasis in the venous circulation. The patients only have their attention called to the eruption by the pain which their joints give them at the time. The spots, which are at first rose-red, run through the course of ordinary ecchymoses, with their well-known changes of colour. In small-pox, scarlet fever, and measles, purpuric patches sometimes make their appearance on the skin (purpura exanthematica), accompanied by high fever, a pulse of 110 to 160, great prostration, and delirium; but in small-pox these hæmorrhages *precede* the characteristic eruption, so that a patient may be covered with them without yet having any eruption, while in scarlet fever and measles they *follow* it. A case of purpura, with preceding rigor, high fever, and delirium, is a case of small-pox. Unfortunately we are unable to watch these ecchymoses to their end, as such cases of small-pox are fatal. There is an extreme variation in the ratio of such hæmorrhagic cases to the non-hæmorrhagic; sometimes 1 in 125, sometimes 10 per cent., sometimes 100 per cent. may be hæmorrhagic.

Purpura is sometimes associated with Bright's disease. A case of Professor Hebra's, for example, which was under his care for a purpuric eruption on the skin, was attacked with pleuro-pneumonia while in the hospital, and was, therefore, handed over to Professor Oppolzer. Not long afterwards a "splendid" nephritis developed itself. Hypertrophy and dilatation of the right heart in men are sometimes accompanied by purpura.

Purpuric relapses are very liable to occur. These are sometimes attended with colic of the intestines and with diarrhœa, but no hæmorrhage takes place from the bowel.

The prognosis of purpura in old women is bad, but favourable in young women and in men.

As to treatment, the vertical position does as much harm as the horizontal does good. Cold douches, recommended by Schönlein, are injurious, because the patient has to sit up for their employment.

The patient was ordered to rub her limbs gently twice a day with vinegar and water.

Treatment of Acne Faciei.—Prof. Hebra is now using emplastrum hydrargyri in cases where the patients have business to attend to in the daytime. The plaster is applied to the affected skin at bedtime, and allowed to remain on all night. The next morning, on rising, it is removed, and the face is powdered with a mixture of equal parts of subnitrate of bismuth and Venetian talc. In the evening the plaster is reapplied.

Eczema of the Hands.—Prof. Hebra treats those cases which are due solely to local irritation—e.g., in bakers, from flour—by covering the hands with gloves made of mackintosh cloth, and tied round the wrist with a handkerchief or bandage. The patient only takes them off (by pulling them *at the wrist*, so as to turn them inside out) at meal times, when he is directed to wash his hands and the insides of the gloves with cold water. By this plan the skin is effectually protected from injurious influences, while at the same time it is kept in a sort of bath by the perspiration retained by the impervious glove.

Carbolic Acid in Lepra.—Prof. Hebra says he finds that the only use of the so-called carbolic oil in lepra is to make the patients, as he expresses it, "stink." They do as well if rubbed with cod-liver oil or any fat.

Ulcer of the Tongue.—In the case of a woman of thirty, who consulted him for a single ulcer on the side of her tongue, Prof. Hebra said that multiple ulcers speak for syphilis, and single ones against it, and for epithelioma. The only test is to give iodide of potassium for a month, using caustic applications to the ulcer at the same time, if thought fit. He ordered ten grains of the iodide twice a day. The patient had no syphilitic history, and no enlarged lymphatic glands.

CHILDREN'S HOSPITAL, VIENNA.

PROFESSOR WIDERHOFER'S CLINIQUE.

Differential Diagnosis of Slight Cases of Rickets and of Chronic Hydrocephalus.—Dr. Widerhofer remarked that while the diagnosis of even moderately well-marked examples of these two diseases is generally unattended with difficulty, there are often instances in which, even with the help of the following indications, it is nearly impossible, without keeping the patient under observation for some time, to say which we have to do with. The points to be attended to are briefly these. In rickets the form of the head is more or less angular, but there is no special disproportion between the head and the face. The anterior fontanelle may be large, but the sagittal suture is generally closed at eight or nine months in such cases as we are considering. The orbits are normal, and there is no prominence of the cornea. Further,

some alterations in other parts of the skeleton—e.g., beading of the anterior ends of the ribs, some degree of pigeon-breast, or some enlargement of the epiphyses of the radius and ulna at the wrist-joint, will probably be present. In chronic hydrocephalus, on the other hand, the skull is inclined to a globular shape; the sagittal suture is open, as well as the fontanelle; the head is large, out of proportion to the face, and there is a divergence outward of the temporal bones at their upper part, instead of their usual vertical position. From the pressure of the intracranial effusion the upper wall of the orbit tends to become more and more upright, so as to push forward the eyes, and expose the cornea. The eyes may thus acquire a staring aspect. Further, in rickets, the tendency is to partial convulsions, especially spasm of the glottis; in hydrocephalus, to *general* convulsions. Lastly, the former is most frequently accompanied by diarrhœa; the latter by constipation.

Cases of Tetanus Neonatorum treated with Chloral Hydrate; Recovery.—Dr. Widerhofer showed lately to his class a child of three months old, which was attacked by tetanus neonatorum at the end of the first week after birth, and was treated with chloral hydrate in doses of one and two grains at the time of each onset of convulsions. It was in danger for a fortnight. During the intermission of the spasms it was fed from the breast by its mother. It is now a fine, healthy-looking child. This is the sixth case (out of ten or twelve) that Dr. Widerhofer has had of recovery under treatment by chloral. Under all other methods all his previous cases died. Considering that Vogel, and other great German authorities on children's diseases, had quite recently never seen a case of this affection recover, such a success must be taken to indicate a real advance in therapeutics. Dr. Widerhofer gives from two to four-grain doses of chloral by the rectum, if the infant cannot take it by the mouth.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, FEB. 20TH, 1871.

MR. GAY, PRESIDENT, IN THE CHAIR.

MR. JOHN DANIELL HILL showed a patient on whom he had performed Pirogoff's amputation of the foot. The operation was performed six months ago. The man could now walk well, and had a good stump.

Mr. HENRY SMITH said that this case showed well the excellence of Pirogoff's operation; he now always preferred it to Syme's operation.

Mr. SPENCER WATSON described two cases of Cataract, with different cortex, removed in the capsule. The first case was that of a woman eighty-two years of age, whose sight had been failing for many years. The capsule being found at the time of operation exceedingly tough, and the suspensory ligament of the lens being weak, the lens was removed in its capsule. No vitreous escaped, and excellent sight was obtained. The fluid cortex of the lens allowed the dark-brown amber nucleus to be seen moving about within the capsule, just as the yelk of an egg might be seen within the albumen. The case was referred to a committee consisting of Mr. Jabez Hogg, Dr. Dempsey, and the exhibitor, to report on the microscopic appearances presented by the milky fluid which constituted the cortical substance of the cataract. A second cataract, of a similar kind, had been removed in a similar way from a man fifty-five years of age, who had up to the last year or two been able to see well with the aid of biconcave glasses, notwithstanding the clear indications of cataract afforded by the ophthalmoscope and by focal illumination. The capsule and nucleus were shown. It was agreed that Mr. Hogg, Dr. Dempsey, and Mr. Watson should examine the fluid, and report on the case at the next meeting of the Society.

Mr. BRAINE informed those of the Fellows who were interested in vaccination that Mr. Roulte Cox would be happy to place at their service a heifer to be vaccinated, in order that thus a supply of true vaccine lymph might be obtained.

Dr. CRISP had vaccinated cows, and had got some pustules; but he did not consider that there was any special advantage in obtaining lymph direct from the cow.

The PRESIDENT alluded to the great prevalence of the disease called "grease" among horses at the present time; pustules formed on the fetlocks in animals thus affected. There might be some connexion between the prevalence of this disease and the present epidemic among men.

Mr. BARNES stated his willingness to supply any of the Fellows with vaccine lymph, as some of them had had some difficulty in procuring it.

Dr. CRISP exhibited some specimens of Inflammatory Croup. Two wax casts were shown, and also a specimen of trachea and larynx of a child eighteen months old affected with croupous deposit of false membrane.

Dr. WILTSHIRE said that the exudation of croup was of a gummy nature, not the tough leathery stuff that formed in true diphtheria; many cases called croup were really diphtheria affecting the trachea.

Mr. PETER MARSHALL thought croup was a less common disease than it was several years ago.

Mr. HENRY SMITH recognised the difference between diphtheria and croup. It was at times of service to perform tracheotomy in croup, but in diphtheria the operation was useless, as the patient died of asthenia.

The PRESIDENT said that those affected with croup died often of suffocation, while in diphtheria the tendency was to death from asthenia. Hence the applicability of tracheotomy to the one disease, and not to the other, as a means of relief.

Mr. HENRY SMITH informed the Fellows that the patient in whose rectum a fragment of a glass speculum had lodged, in consequence of the fracture of the instrument, had suffered no evil effects, and Mr. Smith was satisfied of the fragment having come away by the bowel.

Dr. PROSSER JAMES then read the paper of the evening "On Chloral Hydrate." The author confined himself to a relation of his own clinical experience of the effects of the drug. When chloral first came into notice as a hypnotic Dr. James made use of it to see how far it would prevent sea-sickness. One person who was a very bad sailor took one scruple of chloral before crossing the Channel, and, though the passage was long and rough, he escaped all sickness. In the case of an invalid who took the chloral the effect was equally satisfactory. Dr. James believed that a full dose of the drug, taken before leaving the harbour, was about the best method of employing it as a preventive to sea-sickness, and when used in this way he had every reason to speak well of its effects. Orange-flower-water seemed the best vehicle to disguise the flavour of the chloral. A case was given where dangerous after-effects were shown following a half-drachm dose of chloral. This dose was given to a young lady in great pain from neuralgia; she had the best night's sleep she had known for months, but next day the pulse and temperature fell in an alarming way, and she refused again to have recourse to the chloral, even though the neuralgia returned severely during the night. In the case of a lady who suffered with dysmenorrhœa, and where digital examination was extremely painful, Dr. James gave two scruples of chloral; in a quarter of an hour she was asleep. A complete examination was then made with the uterine sound, a laminaria bougie was introduced without waking her, and in time she was quite cured. In conclusion Dr. James said that while his experience taught him the necessity of care in the use of chloral, yet for one case where its action was unpleasant he could quote fifty where it succeeded well.

Mr. JABEZ HOGG had tried chloral in half-drachm doses for the neuralgia of herpes. After five doses had been taken at intervals of two hours, the patient slept for six hours, and then woke up in much discomfort from spasms and cramps in his lower limbs. The neuralgia was not cured, but eventually he got better after taking bromide of potassium.

Dr. ROUTH had seen excessive prostration and exhaustion follow the administration of but a moderate dose of chloral. He thought it was a cumulative medicine. The best antidote to its poisonous action was strychnine.

Professor ATTFIELD, of the Pharmaceutical Society, said that he did not think that much impure chloral was now to

be met with. In good chloral hydrate there was eighty-two per cent. of chloroform. In the chloral alcoholate (an impure article) the percentage was but seventy-two. Syrup of orange-flowers seemed the most popular vehicle for the administration of chloral hydrate.

Mr. WATSON asked Dr. James if, in cases of prostration following the hypnotic action of chloral, he had found the temperature to be lowered.

Dr. JAMES, in his reply, stated that he constantly observed a great fall of temperature, even to 2°, together with a fall in the pulse, in those cases of extreme prostration alluded to by Mr. Watson.

At the anniversary meeting of this Society, held at Willis's Rooms on the 8th inst., the President, Mr. Gay, in proposing the toast of the evening, "Prosperity to the Medical Society of London," spoke as follows:—

All great and important societies come into existence as the result of necessity, just as, according to the Darwinian principle, species is the result of natural selection. All societies that arise in this manner commence with inherent guarantees for permanency; there is nothing rickety about their constitutions, and, although they have troubles and difficulties to encounter, yet their independent vitality is sure to carry them through, and in age they are as lusty as in youth. This may be said with truth of the Medical Society of London, now in its ninety-eighth year. Its origin is full of interest if we look for a moment at the times and circumstances in which its history began. They were times remarkable for advance in the spirit of inquiry and for discovery; but there were no means of diffusing the stores of knowledge that had accumulated abroad in the world. Let me give an incident which will exemplify what I have said. At the end of the sixteenth and beginning of the seventeenth centuries Fabricius was teaching anatomy at Padua. Amongst his pupils was William Harvey, to whom he showed the veins and their valves. Harvey returned to England, and practised and taught medicine and surgery during the first half of the seventeenth century. He had not forgotten the valves of the veins, but pondered over them, and turned them to account in his great discovery of the circulation, in respect to which, however, he never failed to acknowledge his obligations to his illustrious teacher. Willis, his biographer, tells us that he turned this discovery to practical ends also. Quoting from his "Life," I find Harvey saying as follows: "Looking back upon the office of the arteries in the circulation, I have occasionally, and against my expectation, *completely cured enormous sarcoceles by the simple means of tying or dividing the little artery that supplied them.*" More than a century passed away, and John Hunter cured a popliteal sarcocele by tying the *little* (using the word antithetically) artery that supplied it. Hunter was appointed surgeon to St. George's Hospital in 1768, so that it would appear that this important practical inference arising out of the discovery of the circulation of the blood had lain dormant at least a century, and had, perhaps, to be *re*-discovered at the end of that long period of time. It was then, after John Hunter had contributed to the "Philosophical Transactions"—works that were not in every person's hands—in 1773, that the Medical Society took its rise; for, according to the great and earnest men who instituted it, the "purpose of promoting medical knowledge." Men joined it from all parts of Europe: other societies followed, but not until the Medical Society had led the way, for the dissemination of professional knowledge, and thus conferred upon the world at large the inestimable benefits that have accrued from it. Another object contemplated in the institution of the Society was the "collection of natural history, of anatomical preparations, and of other objects connected with medicine and surgery." But John Hunter was a formidable rival in the latter enterprise, and fairly "took the wind out of the sails" of the Society. It does not appear that any such collection was made; but the Society commenced a library—Hunter does not appear to have cared for books, excepting the "book of Nature,"—which has been added to from time to time, and is now a conspicuous feature in its apartments. Gentlemen (said the speaker), a grander scheme was never conceived or carried out; and it is the embodiment of that scheme which we are met to-night to do honour to.

CLINICAL SOCIETY OF LONDON.

FRIDAY, FEB. 24TH, 1871.

DR. W. W. GULL, PRESIDENT, IN THE CHAIR.

MR. GANT read a paper "On the Occlusion of Arteries after Operation," and said that the primary object of this paper was to lay before the Society the author's observations on the process of occlusion in arteries after acupressure, with the view of supplying some guiding knowledge or indications as to the proper period for the safe withdrawal of the needle, without the occurrence or supervention of secondary hæmorrhage. This, although an inferential method of investigation, is obviously a more safe method than by submitting living patients to the risk of removing the needle experimentally, in order to gain the requisite practical knowledge by experience. The process of occlusion would appear to consist essentially in the formation of a conical clot of blood, which soon becomes fibrinous and adherent, so as to securely plug the artery upwards from the transverse line of acupressure; but this is not accompanied or followed by any deposition of lymph and adhesion of the coats of the artery at the said line, the arterial tunics remaining undivided by the compression temporarily applied. Compared with ligature and torsion respectively, the efficacy of acupressure relies solely on the first provision for the arrest of hæmorrhage, when the surgical appliance, the needle, is withdrawn. In relation to treatment: a firm, fibrinous, and adherent clot-plug having been found to have formed within five days, and in a main artery (the femoral), that period would appear to offer a perfectly safe opportunity for withdrawing the needle. Ligature and torsion may, however, be not less securely effectual than acupressure in regard to the non-occurrence of secondary hæmorrhage; but, as to primary union of the flesh wound, and also as to the prevention of pyæmic infection, torsion has the advantage of not inducing sloughing of the end of the vessel, as by ligature; and it is superior to either of the other methods of treatment in not leaving any foreign body in the wound for however short a period, to possibly provoke suppuration.

MR. CALLENDER wished to know if the clot in the first case described was limited by the first collateral branch, and if the shortening of the clot was, in the opinion of Mr. Gant, due to the treatment adopted, or to any other specific cause.

MR. ARNOTT remarked on some cases in which the end of the artery had united to the surrounding tissues.

MR. BARWELL thought the amount of hæmorrhage said to occur after the ligature was often greatly exaggerated, inasmuch as the secondary hæmorrhage commonly proceeded from vessels that had been missed during the operation, and not tied at all.

MR. BERKELEY HILL remarked on the rapidity with which fibrinous lymph is effused at the end of an artery, and exhibited a specimen.

DR. ANSTIE suggested that the plug might consist of transformed blood.

MR. HAWARD made some observations as to the probable cause of pyæmia.

MR. HULKE, in referring to acupressure, spoke of the difficulty experienced as to the proper time to pull out the needle.

MR. GANT replied briefly, and indicated that though inclined towards torsion, and considering that the results of acupressure were more favourable than those of ligature, he was not a strong partisan of either, and had brought the subject forward to elicit discussion, and the opinion of members of the Society.

Several excellent illustrations prepared by Mr. Christopher Dalton, were exhibited in connexion with this paper.

DR. BROADBENT read notes of a case of Paralysis of the Ophthalmic and Superior Maxillary Divisions of the Fifth Nerve, of the Fourth Nerve, and of the Branch of the Third to the Levator Palpebræ on the right side, from syphilitic disease at the base of the Cranium. The interest of the case consisted in the rarity of paralysis of the fourth nerve, and in the illustration of anatomical diagnosis furnished by the simultaneous implication of this nerve and of the two upper divisions of the fifth. The patient, a farrier, aged forty-one, became an out-patient at St. Mary's

Hospital on May 9th, 1870. He had been ailing for eight months, and under treatment nearly all that time. At first he had had pain in the right side of the head, worse at night, and for four months had had loss of sensation in the right side of the forehead and face, together with ptosis and double vision. The skin of the entire region of distribution of the ophthalmic and superior maxillary divisions of the fifth nerve was insensible to all kinds of impressions. The eyelid could be raised only to a slight extent by the action of the occipito-frontalis. But though the double vision was very marked, there was no perceptible squint, and the pupils of the two eyes were equal. On more careful examination it was found that the two images were not on the same level, one being below and to the right of the other; and subsequently, by causing the patient to look at an object in various ways, so that the eyes were successively directed upwards, downwards, to the right, and to the left, it was clear that the double vision was due to paralysis of the fourth nerve, the two images receding when the eyes were directed downwards, approaching each other when they looked upwards, the pseudo-image going far to the right but coming to near the level of the image proper when the patient looked to the right, and getting immediately beneath it when he looked to the left. There was no acknowledged syphilitic history, but the sallow earthy complexion of the patient, a tubercular eruption near the right eyebrow, and facts in his family history, were considered conclusive as to the syphilitic origin of the disease; and iodide of potassium was given in doses of six grains, quickly increased to twenty grains, the result being rapid disappearance of all the symptoms. The lesion was considered to have been a node or gummy tumour of the fibrous structures surrounding the ophthalmic and superior maxillary divisions of the fifth nerve, in that part of their course between the Casserian ganglion and the exit of the latter through the foramen rotundum. Here the fourth nerve lies close to the ophthalmic and sometimes joins it, so that a single lesion would cause the loss of sensation and the double vision; it does not, however, appear how it could give rise to the ptosis.

Mr. BRUDENELL CARTER said that it was generally advisable in such cases to unite the double images by means of prismatic spectacles, as a means of giving comfort to the patient while he was under the necessary curative treatment. In paralysis of the superior oblique, a prism, with its base outwards and downwards should be placed before the affected eye, and balanced by a plane glass on the other side of the frame.

Dr. BUZZARD thought the subject under discussion of the highest importance, for there was nothing in medicine more remarkable than the rapidity with which this form of paralysis of cranial nerves cleared off under the influence of large doses of iodide of potassium. As had happened in the case related, the syphilitic nature of certain nervous diseases was being continually overlooked, and often he believed because it was supposed that some secondary symptoms must necessarily have manifested themselves if the case were really one of tertiary syphilis. His experience was entirely opposed to this. In a very large proportion, a majority, perhaps, of syphilitic nervous affections, secondary symptoms had never occurred. As regards treatment, he found that it was necessary to continue the use of iodide of potassium for weeks or months after the subsidence of the local paralysis in these cases, or the symptoms were liable to recur, often with increased severity.

Mr. ERNEST HART remarked that the affections of nerves due to syphilis were most eccentric in their character, and that such cases were best treated with large doses of iodide of potassium.

Mr. HULKE said that the greater number of these cases were syphilitic; that they recur frequently if the drug is given up.

Mr. HAWARD suggested that possibly these forms of disease might be due to diseased structures through which the nerves passed, rather than to affections of the nerves themselves.

The PRESIDENT remarked on the importance of recognising the effects of syphilis; that the skin did not always show results of the disease; that the condition of the bones sometimes aided diagnosis, as also the odour of the patient, and a certain grey aspect peculiar to such patients. Smell is frequently valuable as an aid to diagnosis.

Dr. BROADBENT agreed with all the speakers as to the frequency of syphilis in connexion with affections of the cranium. He had not noticed ulcers of the mouth in connexion with the disease, and had not found it necessary to combine mercury with the iodide of potassium in the treatment. He thanked Mr. Carter for his suggestions, and adhered to his own diagnosis.

Reviews and Notices of Books.

The Descent of Man, and Selection in relation to Sex. By CHARLES DARWIN, M.A., F.R.S., &c. Two volumes. With Illustrations. London: John Murray, Albemarle-street. 1871.

[FIRST NOTICE.]

THE theory of natural selection, on which its author had spent the best years of his life, and brought to bear an intellect of unusual grasp, was propounded with a lucidity of expression and fertility of illustration such as few men possess beside Mr. Darwin himself. The readers of that work knew that he would be compelled to follow out his views to their logical conclusion. He has now done this, and shown how far, in his opinion, they are capable of application in the case of man.

Mr. Darwin's present work is in every way a remarkable book. It is not only the book of the season, but of many seasons beyond the present one. It will be read by those who regard its author's views with something akin to abhorrence no less than by those who are prepared to embrace them as the logical outcome of a bold and speculative mind. To many, the conclusions arrived at will be a matter of comparative or entire indifference, but they will nevertheless journey through these volumes beguiled by the interesting facts and sagacious suggestions that they will encounter at every step. The sole object of the work is to consider, says Mr. Darwin—firstly, whether man, like every other species, has descended from some pre-existing form; secondly, the manner of his development; and, thirdly, the value of the differences between the so-called races of man. He modestly adds that his work contains hardly any original facts, "but as the conclusions at which I arrived, after drawing up a rough draft, appeared to me interesting, I thought that they might interest others." The conclusion, Mr. Darwin tells us, that man is the co-descendant with other species of some ancient, lower, and extinct form, is not in any degree new. Lamarck long ago came to this conclusion, which has lately been maintained by several eminent naturalists and philosophers—for instance, by Wallace, Huxley, Lyell, Vogt, and others, and especially by Häckel. Mr. Darwin, indeed, states with reference to the last-named naturalist that, if his work "Natürliche Schöpfungsgeschichte" had appeared before his own essay had been written, he would probably never have completed it.

That there are still great difficulties to be explained and enormous gaps to be filled in before the descent of man can be taken as proved, we presume no one, and certainly not Mr. Darwin, would deny. We do not know what further consideration and more careful study of Mr. Darwin's views may effect, but at present we fail to perceive how they adequately explain the origin of the different races of men, or how they overcome the difficulties connected with the vast disparity that exists between the size of the brain in man and that of apes, and the absence of the protection of a hairy covering in the former. To some of these we shall have to advert more fully hereafter, but we are compelled to recognise the skill with which he has first separated the several threads of his great skein of facts, and then bound them together as the web and woof of his argument, so as to construct a pattern out of elements of seemingly the most dissimilar character and colour. The wisdom of one age is

often the folly of the next, and many will, no doubt, be ready to prophesy that the wisdom of the Darwinians of this day will be regarded as folly by the philosophers of the next era. The conclusion at which Mr. Darwin has arrived as to man's origin, when put forward in its most naked form, is sufficiently startling, but it is well to confront it boldly, and at once. The evidence at command either is or is not sufficient to obtain a verdict one way or the other, or it is only sufficient to warrant us in considering the descent as yet "not proven." The discoveries of geologists and antiquarians have taught us to believe that we must go a long, long way back, if we would behold the dawning rays of our civilisation. Scarcely have we learnt to regard with complacency the conclusion that the primitive condition of man was one of utter barbarism, than we are told we must trace him still lower, and behold in one of the two great stems of the Simiadæ—namely, the monkeys of the Old World, the probable progenitors of man, the wonder and glory of the universe.

"By considering the embryological structure of man,—the homologies which he presents with the lower animals, the rudiments which he retains, and the reversions to which he is liable,—we can partly recall in imagination the former condition of our early progenitors, and can approximately place them in their proper position in the zoological series. We thus learn that man is descended from a hairy quadruped, furnished with a tail and pointed ears, probably arboreal in his habits, and an inhabitant of the Old World. This creature, if its whole structure had been examined by a naturalist, would have been classed amongst the Quadrumana, as surely as would the common and still more ancient progenitor of the Old and New World monkeys. The Quadrumana and all the higher mammals are probably derived from an ancient marsupial animal; and this, through a long line of diversified forms, either from some reptile-like or some amphibian-like creature; and this, again, from some fish-like animal. In the dim obscurity of the past we can see that the early progenitor of all the vertebrata must have been an aquatic animal, provided with branchiæ, with the two sexes united in the same individual, and with the most important organs of the body (such as the brain and heart) imperfectly developed. This animal seems to have been more like the larvæ of our existing marine Ascidians than any other known form."

We shall have something to say hereafter in reference to these Ascidians, and the prominent part they are supposed to have played in the *rôle* of the animal world; but we can now only find space for the very briefest summary of the evidence of the descent of man from some lower form, as set forth by Mr. Darwin in his opening chapter. After adverting to the homologous structures in man and the lower animals, the miscellaneous points of correspondence between them in the diseases to which both are subject, and which they are mutually capable of giving and receiving—a fact which, he says, proves the close similarity of their tissues and blood, both in minute structure and composition, far more plainly than does their comparison under the best microscope, or by the aid of the best chemical analysis,—Mr. Darwin goes on to indicate that they are liable to be infected with parasites of the same genera or families, that there is the greatest similarity or identity in the law of periodicity regulating several of their functions, and in those relating to the growth, repair, nutrition, and development of their bodies. Mr. Darwin next dwells upon the well-known facts of embryonic development; the bearing of rudimentary organs in man; the remains of a hairy covering; the presence of rudimentary skin muscles, and the occasional power of muscular movement of the scalp and skin; the significant little nodule or blunt point on the helix of the ear, a vestige of formerly pointed ears; the nictitating membrane; the facts connected with the posterior molar or wisdom teeth; the coccyx, or rudimentary tail, and so on. To take any other view than the community of descent of man and all other vertebrate animals, is to admit, says Mr. Darwin, that our own structure, and that of all the animals around us, "is a mere snare laid to entrap our judgment."

The Student's Guide to Medical Diagnosis. By SAMUEL FENWICK, M.D., F.R.C.P., Assistant-Physician to the London Hospital; Co-lecturer on Physiology to the London Hospital Medical College, &c. &c. Second Edition, Revised and Enlarged. London: J. and A. Churchill. 1871.

THE first edition of this book was published in the winter of 1869. It will be remembered that we spoke of it then in terms of commendation, and that we did the volume no more than justice is clear from the fact that it had a rapid sale, so that the first edition was soon exhausted. We pointed out, however, several particulars in which we thought it might still further be improved, and we are glad to perceive that the author has not been above acting on our suggestions. While the general plan of the first edition has been retained, new matter has been added to almost every page, and important additions have been made in respect of the pathology of different diseases. A number of fresh plates, scales of temperatures, tables of differential diagnosis, and a chapter on Skin Diseases, have been added; so that, in point of quantity, the volume is about one-third larger than it was, and in quality twice as good.

A Lecture on Small-pox, Vaccination, and Revaccination. By J. DIXON, M.D., L.R.C.P. Lond., &c. Dockhead: Shaw, Printer.

THIS is a very clear and concise lecture, delivered to the working classes of Bermondsey, reprinted at the charge of a penny, and intended to enlighten the ignorant upon the dangers of small-pox, and the advantages of vaccination and revaccination. It is a pity that it has not been published in the convenient form of a tract, and that there is no organisation for diffusing so good an antidote to the abusive nonsense which is issued by the anti-vaccinators. At the present moment the friends of progress and of public health could scarcely render a greater service than that which has been conferred by Dr. Dixon on the poor of Bermondsey—viz., by lecturing and assisting in the diffusion of sound knowledge on the subject of small-pox and vaccination.

New Inventions
IN AID OF THE
PRACTICE OF MEDICINE AND SURGERY.

GRADUATED CHLOROFORM BOTTLE.

THE accompanying sketch will afford a better idea than any written description of a little invention of Mr. J. Astley Bloxam, chloroform administrator and surgical registrar of St. Bartholomew's Hospital, late assistant-surgeon, Royal Horse Guards; consisting of a chloroform bottle, provided with a graduated scale, for the administration of that agent. It is very portable and cheap; and, from the fact of the chloroform being spread over a large surface of lint by its use, there is secured a very considerable admixture of atmospheric air with the chloroform vapour. The chief merit of the bottle consists, after all, in its being so simple in itself, allowing of the administrator of the chloroform to watch the patient attentively, as well as notice the amount

consumed, without any trouble. The bottle is fitted into a neat leather case, the length of which is 4¼ in., by 1¼ in. in diameter. It costs 3s. 6d. complete, and is manufactured by Arnold and Sons, instrument makers to St. Bartholomew's Hospital, 35 and 36, West Smithfield.

TENAX.

SINCE the use of picked oakum in surgery was first introduced into Birmingham by the late Mr. Redfern Davies, who had seen it employed in the military hospitals of America, several varieties of that and like substances have been used for surgical purposes as substitutes for lint and similar materials. Oakum is one of the best and most generally applicable forms of dressing with which we are acquainted; and we have heard it spoken of in the highest terms by military and other surgeons who had either witnessed or been engaged in the surgery of the late war. The tenax of Messrs. Southall, Son, and Dymond, manufacturing chemists of Birmingham, has all the properties of the original oakum; it is, in fact, oakum carded by machinery, but of much finer texture, and therefore of superior capillary power. It possesses that tarry fragrance which is pleasant to patients; it is a cheap and simple kind of antiseptic dressing, capable of being applied to numerous surgical purposes, and is well worthy of the attention of medical men engaged in hospital or private practice. We may safely recommend it, as it has answered admirably in the cases in which we have applied it.

THE AMARANTH WALL-PAPER.

WE commend the specimens of paper made by the Amaranth Paper-Staining Company as a new and important improvement on wall-coverings in common use. This paper is impervious to wet or damp. It can be washed an indefinite number of times with soap and water, and even ink stains are removed; the colours and gilding reappear after the process in their original brightness. This appears to us well suited for the walls of hospitals. A simple washing will remove all germs of contagion, and render the invalid's chamber as wholesome as any other in the house.

Foreign Gleanings.

THE HEALTH OF PARIS DURING THE SIEGE.

M. DECAISNE read a short sketch before the Academy of Sciences of Paris on Feb. 27th last, preliminary to a memoir, on this subject. The author examined rapidly to what extent the following six affections increased during the siege—viz., small-pox, typhoid fever, bronchitis, pneumonia, diarrhœa, and dysentery. From the 4th to the 10th of September, 1870, there were 116 deaths from small-pox, this being a great decrease on the preceding weeks. Now the retreating armies and the new recruits entered Paris; thereupon the mortality increased, and reached on the 1st of January, 1871, 431 deaths in a week. These figures have considerably diminished since. As to typhoid fever, the weekly mortality on the 10th of September, 1870, was 30; from the 11th to the 16th of February, 1871, it rose to 298, whilst there had been only 19 deaths for the corresponding week of 1870. The causes are easily found in the privations and fatigues of the young soldiers. The difference, though great, is not so striking for bronchitis and pneumonia; but with regard to diarrhœa, it should be noted that the weekly return of mortality on the 10th of September, 1870, was 25; whilst from the 1st to the 6th of January, 1871, it rose to 151. The increase respecting dysentery is not quite so marked; but, nevertheless, for the periods just mentioned it ascended from 8 to 51. As to the general mortality, the effects of the siege were quite disastrous, for M. Decaisne finds that, from the 4th to the 10th of September, 1870, the total number of deaths was 981; whilst from the 11th to the 17th of February, 1871, it rose to 4103. The author points out the causes of this sad state of things, and dwells principally on bad food, anxiety, fatigue, and a severe winter.

GASTRIC JUICE ENEMATA IN CANCER OF THE RECTUM.

Dr. D'Arpem, practising in the island of Elba, has published in the *Imparziale* of Florence (March 1st, 1871) a case illustrating the marvellous effects of this juice in cancer. The patient is a married woman, aged thirty-eight, who suffered, according to the author's diagnosis, from carcinomatous ulceration of the rectum and cervix uteri. After having controlled the uterine hæmorrhage with perchloride of iron, Dr. D'Arpem was in doubt as to the treatment of the malignant ulceration, when he heard of the views of Professor Schiff on the subject. The latter had for some time advocated the use of gastric and pancreatic juice in cancer. Being applied to, the professor furnished the author with artificial gastric juice, and advised injections into the rectum of about seven fluid drachms of the juice daily. Much pain was experienced from the first injection, but this was lessened by the use of some almond oil. The seven drachms were now divided into three parts, injected separately three times a day. This was continued for twenty days, when considerable improvement had taken place, both as regards the rectum and the womb. The patient was now so well as to be able to perform a journey with her husband, and on her return the cicatrisation of the ulcer was complete. She had continued the enemata at longer intervals during her absence, and she now presented all the outward signs of health. Such are the facts related by the author. If the diagnosis were perfectly reliable, we might harbour the hope that the specific for cancer has been found. But the case is isolated, and does not present the proper guarantees as to diagnosis. Nor is it likely that numerous trials will be made in the same direction.

HOW SHOULD THE MIASMATA OF MARSHY DISTRICTS BE DESTROYED?

An interesting controversy is at present going on in Italy between Dr. Fattorini and the well-known Dr. Pantaleoni, of Rome. The latter stated broadly, at the Congress of Florence in 1869, that the most efficient manner of rendering marsh land healthy is to allow a large population to inhabit it. He gave as an example a portion of central France called Sologne, which formerly was very deadly, owing to marsh miasmata, and which now, being densely populated, has become a very healthy district. These opinions were repeated and dilated upon by the same author in the Italian journal *Lo Sperimentale* (Sept., Oct., and Nov., 1870). Dr. Fattorini retorts, however, that draining is the principal means of lessening the unhealthiness of such districts; and that the natural consequence of Dr. Pantaleoni's tenets would be that people should be thrust into unhealthy localities to diminish the amount of miasmata. Marshes, we may remark, must disappear with an increase of population, for the necessity of draining becomes unavoidable; and this is the manner in which the Roman physician would probably have his views regarded.

AN EXPLANATION.

To the Editor of THE LANCET.

SIR,—As I find my professional position in London has been misunderstood by some of my professional brethren, I beg you will allow me to explain the circumstances of it, through the columns of THE LANCET.

My name appeared for some years in the Medical Directory of the Homœopathic Practitioners; but I beg to state that I withdrew from that body for three reasons. 1. Because I am not a believer in infinitesimal doses. 2. Because I do not believe that the law of similars is a universal law. 3. Because I felt that had I remained longer amongst that body I should have been crippled in the exercise of my private and independent judgment in the treatment of disease.—I am, Sir, your obedient servant,

CHARLES D. F. PHILLIPS, M.D.

Lancaster-gate, Hyde-park, March 15th, 1871.

THE LANCET.

LONDON: SATURDAY, MARCH 18, 1871.

ON Tuesday evening the first step to the introduction of THE LANCET Bill to the full notice of Parliament was taken. Leave was obtained by Dr. LUSH to bring in the Bill. The Bill was read a first time on Wednesday. It would be unwise at present to speculate on the future course which Dr. LUSH and other members—alive to the importance of this measure, as confessedly the best which has been proposed for the amendment of the Medical Act of 1858—may take. But of one thing we feel assured, that the Medical Act cannot remain as it is, and that much more thorough amendments of it must be conceded than were involved in the Bill of 1870, or in the poor and servile imitation of it introduced by, we will not say the British Medical Association, but its Reform Committee. A few weeks must elapse before the second reading can take place, during which there will be time for the profession to consider fully the proposals which are before it, and to petition Parliament. The withdrawal by Mr. HEADLAM of the Bill of the Committee of the British Medical Association leaves the field occupied at present by only THE LANCET Bill and a Bill which Mr. BRADY has obtained leave to introduce, and which is substantially the scheme of the Irish College of Surgeons, an account of which we have already given in THE LANCET of Jan. 14th. This Bill gives a direct representation to the profession to the extent of five members, but leaves all the corporations to be individually represented as at present; and it leaves the composition of the new examining boards in the hands of the existing bodies. THE LANCET Bill, on the contrary, while securing a smaller Council, made up to the extent of one-third of direct representatives of the profession, provides for the representation of the medical bodies, not individually, but by amalgamation; and it further provides three examining boards, one for each division of the kingdom, constituted of men versed in the freshest knowledge of the subject on which they are to examine, to be appointed by the Medical Council, and to be paid quite independently of the success or failure of the candidates. It is difficult to exaggerate the importance of a better system of examination as the only means of securing a better system of medical education. It is palpable that medical education, without more expense to the student, could be made much more real and efficient than it is. And the medical profession is only less interested than the public in everything which secures the culture and the practical skill of those who enter it. To the public, and especially to the poor, the completest training of the medical man is a matter of the greatest moment. Life and death depend on it at every turn. Yet, to hear some people talk about Medical Bills, one might think that the profession was seeking legislation for its own sole benefit. It is not so. THE LANCET Bill is framed on the belief that we shall best perpetuate and increase respect for the medical art by a thorough reform of the bodies which regulate and test medical education—in other words, of the General Medical Council and the examining bodies. Even the principle of direct representation is valued by us mainly as it secures more independence in the choice of those on whom devolves the high duty of regulating and testing medical education. For the very exceptional judicial duties which occasionally devolve on the Council we can fully trust any of the gentlemen who now sit at the Council-table. But for securing efficient results of the best kind in the shape of medical knowledge and skill, we desiderate a body of gentlemen less committed to a consideration of existing "interests."

THE able papers of Dr. WILKS "On Scientific Therapeutics," which we published in recent numbers of our journal, deserve notice at our hand. Anything bearing on therapeutics is interesting to practitioners; and the scientific position of Dr. WILKS gives additional interest to any opinions which he may express. Without denying the mistakes made by men who seek to administer medicines on some principle that admits of statement, or commends itself to reason and common sense, we have no doubt of the ultimate—nay, of the immediate—advantage of the importation of a scientific spirit into the domain of therapeutics. To doubt the advantage of a rational and scientific use of medicines seems to us as unreasonable as it would be to doubt the advantage of a knowledge of anatomy, because a bone-setter occasionally does better in a case of injured limb than an educated surgeon. Everyone reading Dr. WILKS's papers must feel that there is a vein of truth running through them. It will be admitted on all hands that he does no more than justice to the importance of experience as a guide in the use of medicines. No amount of physiological or chemical knowledge in a practitioner will save him from great blunders in practice if he be unfamiliar with common forms of disease and the common remedies by which they are relieved or cured. But such a practitioner surely does not represent scientific therapeutics. He may know physiology or histology or chemistry; but he does not know disease, and the resources of the practitioner for its relief. In other words, he lacks the principal knowledge which a medical curriculum is instituted to convey. It is scarcely fair, we think, to import seriously into an argument against a scientific system of therapeutics the errors of a scientific young man who knows everything but physic. After all, this young man is in a fair way of understanding the proper uses of medicine. And that he does not know them now is probably a defect in the system of teaching rather than a fault in himself. Dr. WILKS would have made a better use of his justly great influence if he had claimed for therapeutics the same attention that is given to other departments of medical knowledge, and the same systematic and scientific study. Surely no one would wish to get therapeutics back into the old ruts in which they used to run, or rather to stick. We are sure this is not the wish of Dr. WILKS; and yet the general impression left by his papers is something to that effect. Rather than do this, we should almost prefer to see the

department of therapeutics abandoned altogether, and a principle of expectancy acted upon.

There can be no doubt that therapeutics have been immensely advanced by the influence of a scientific spirit. It is only when the scientific spirit is warped or narrowed by a specialty, or entirely possessed with one idea, or unaccompanied with (to use Dr. WILKS's words) "what is called reason or common sense" that it goes wrong in practice. The most scientific physician is not above availing himself of the teachings of a true and a sound experience, even if it be that of a layman or of an old woman. TROUSSEAU did this, and every other good physician will do the same. The common people make shrewd observations as to the uses of medicine, just as they have done in the matter of food. But there is a point beyond which medicines must be administered on scientific principles, or they will do no good or harm. Let us take an example adduced by Dr. WILKS himself—the case of an enlarged spleen. One kind of enlarged spleen everybody in the profession knows is benefited by quinine. Another kind of enlarged spleen is not so benefited. The question here is a scientific one. It is, in truth, a question of diagnosis, to be determined only by a man who has studied medicine in a scientific way. And, after all, as Dr. WILKS shows, consciously or unconsciously, throughout the whole of his remarks, the soundness or otherwise of our therapeutics turns upon the soundness of our diagnosis; and this depends, again, upon our knowledge of the whole history of the patient—not merely upon his present state, but upon the history that has led up to it. Surely therapeutics based upon such knowledge as this, and including all that science and common sense and experience can teach us of the action of remedies, is scientific therapeutics. Let us illustrate what we mean by a case which has actually happened. A gentleman of gouty habit had severe pain in the rectum, felt particularly when he tried to sit up. A physician was called in, and carried the refinement of learned diagnosis to its limit by diagnosing "gout in the rectum." It is highly improbable that the physician soiled his finger by an examination of this part. Perhaps he thought that his discernment of disease was so acute as to make this unnecessary. A surgeon, equally scientific, was called in. He used "what is called reason and common sense," and concluded that something else than gout was much more likely to be giving the rectum discomfort. Next he used his finger, and found the rectum loaded with what experience and common sense had taught him to know was apt to accumulate there. He used an enema and cured the patient. Now where here were the scientific therapeutics? With the surgeon entirely. By the use of his reasoning faculty, guided by experience and by scientific knowledge to the effect that the rectum, while notoriously apt to be the habitat of fæces, is notoriously not a favourite *locale* of gout, he formed immediately a sound opinion, confirmed it by a practical test, and was led to a mode of relief dictated alike by science and sense. Many cases of therapeutics given or suggested by Dr. WILKS mostly turn upon the question of diagnosis—such as different cases of paraplegia, caused respectively by exhaustion and syphilis. To call the man scientific who treats two such cases in a similar way is simply to misuse the adjective. He is the scientific man who takes the history of the case into consideration. And it is because we have a larger amount of knowledge in medicine—to all intents and purposes scientific knowledge—that we can discriminate two apparently similar cases, apply a different treatment to them, and give a different prognosis. Dr. WILKS tells us he has seen, during the last two years, three cases of chronic cerebral disease cured by mercury where all the ordinary nervine remedies had failed. The fact is very interesting. But Dr. WILKS will be the first to allow that this is not a scientific statement to which any meaning or value can be attached. The question is again one of diagnosis. What was the chronic cerebral lesion? Was it a syphilitic one, or one for which a scientific system of therapeutics would suggest a careful use of mercury?

Dr. WILKS does but scant justice to modern therapeutics. Referring to pneumonia, he declares the unreasonableness of treating cases of it on their own merits; and says that the attempt to do this has been the cause of all the bad therapeutics of the present day. Dr. WILKS, indeed, declares this mode of treatment to be impossible. But so far is it from being impossible, that it has been done, and done with unprecedented success. The modern treatment of pneumonia, which is founded on a consideration of both the local lesion and the vital condition of the patient, is an immense therapeutical advance, though we admit that in some hands the disrespect for some points of the old treatment, and the love of most unphysiological stimulation, have been absurd and injurious. The discrimination of cases and of the vital condition and diathesis of patients with the same local disease has given a decidedly scientific character as well as a very high success to modern therapeutics. Dr. WILKS complains of the too prevalent discarding of drugs, and praises those as the best which have come down to us from barbarous times and nations. There is some foundation for the complaint; for there is a certain scepticism that is fashionable among the more thoughtless of young scientific men just now, which applies to drugs as to other things. But modern therapeutics have nothing to be ashamed of in the matter of drugs: cod-liver oil, quinine, chloroform, iodide of potassium, bromide of potassium, and chloral are no mean additions to the list of more barbarous drugs. Altogether, we think that modern therapeutics should be spoken of to students in terms of respect and praise; and, with all allowance for excesses and faults incident to great and enlightened changes of doctrine, the healing department of medicine stands higher than it ever did, judged by any standard that can be applied to it.

IN commencing a critical examination of the recommendations emanating from the Royal Sanitary Commission, our attention must necessarily be first directed to the constitution of the proposed central authority. Our readers are already aware that the Commission has recommended the amalgamation of the department for the relief of the poor with that for the preservation of public health, and the absorption of the General Registry Office in the resulting union; and that it has also recommended the appointment of a permanent secretary for each of the two

main divisions into which the work of the new office would fall. As our public business is conducted, it would be difficult altogether to condemn this arrangement; and yet it is easy to see that what it means is the surrender of the work of the respective departments to the secretaries, who would rule a succession of Cabinet Ministers in the same way that so many Presidents of the Poor-law Board, in spite of their feeble struggles, have been ruled by Mr. FLEMING. The suggested Cabinet Minister must of course be a prominent professional politician, available for all the demands of his party, and giving the second place, when compared with these, to the especial duties of his office. The resulting government by permanent secretaries will not fail to offer the advantages and the evils of personal government in general; and, if we could hope that a series of politicians would appoint permanent secretaries with any reference to their fitness, we might expect that, on the whole, the advantages would be likely to predominate. In this regard, however, the past is full of warnings; and we are disposed to think that the permanent secretaries might advantageously be replaced by secretaries or vice-presidents seated in the House of Commons. Sub-ministers of this class are generally fully aware that the thorough comprehension and effectual accomplishment of departmental work furnish the best possible claims to public confidence; and their continual liability to be called upon to defend themselves, *viva voce*, against the attacks of keen and capable critics, renders it necessary that they should now and again carefully reconsider their principles of action, and avoid falling into the grooves of routine. The permanent secretary, on the contrary, has no such liability. He works in the dark, behind the shelter of a high responsible official; and too often does an unknown amount of mischief. His battles are fought for him in Parliament with weapons of his own providing; and the discredit of his mistakes falls entirely upon his superiors. If he has a craze or a crotchet, which is at last, with infinite difficulty, repressed by one nominal chief, it springs into renewed and pernicious activity in the reign of the successor. We shall, doubtless, be told that the proposed department would not hold a position to justify the employment of three Ministers; but the reply is that it will deal, in its double function, with national interests, which, although they have been too long neglected, simply dwarf all others by their colossal magnitude. The saving to be effected by attention to the public health is so enormous that it would enable the country to bear burdens the like of which no Chancellor of the Exchequer has ever yet ventured to impose; and the addition to the public happiness would be even greater than that to the public wealth. In nations, as in households, the most ruinous expenditure is that which results from waste. Here, in England, we waste both life and property by our tame submission to the unchecked ravages of disease, in a manner that it is impossible to contemplate without alarm and horror. To the neglect of sanitary questions every town and hamlet in the kingdom pays its yearly tribute of unnecessary deaths, and of unnecessary taxation for the maintenance of those whom the deaths have left destitute. The future historian will record with wonder that the men of the Victorian age would meet, and write, and agitate, and petition in order to save one murderer from the gallows, while at the same time they suffered honest citizens to die like rotten sheep rather than pass a law to prevent the dealers in drinking-water from adulterating it with sewage. It is worth while to consider what might be the effect of a permanent secretary who was afflicted with an anti-vaccination mania, or who believed that sewage was generally wholesome. So little is known to the public of the views of members of the class from which such officials spring that neither of the foregoing would be an impossible phenomenon.

On the ground, therefore, of facilitating the effectual supervision by Parliament of an office which would at first be very jealously watched, we hope that any measure founded upon the Report will provide sub-ministers in addition to the supreme head. The necessary expenditure would doubtless be cavilled at by a few, but it could not fail to justify itself to the judgment of the many.

The suggested powers for the central authority, and especially the power of holding public local inquiries into sanitary questions, seem to us to be admirably conceived. There is every provision for rendering these inquiries educational; and the English people need only know the truth in order to give to the preservation of health some of that energy which is now wasted upon the comparatively trivial questions which are provided for their delectation by their chosen counsellors.

THE election of an examiner at the College of Surgeons, in place of Mr. SOLLY, on Wednesday last, resulted in the choice of Mr. CURLING by a large majority. We cannot say we are surprised at this; for Mr. CURLING has great claims to be an Examiner in Surgery, and was only passed by on the last occasion because he stood aloof until the examiners in surgery were divorced from those in anatomy. Since there appears to be some remote prospect of this reform being carried out in one way or other at some tolerably early day, probably Mr. CURLING was the best man to elect; and he will, we have no doubt, discharge the duties of the office, as it is at present, as satisfactorily as any of his compeers.

The question of embracing or not the precious "conjoint scheme" came before the Council of the College of Surgeons in the form of a confirmation of the Minutes of the last meeting, at which it will be remembered Mr. SIMON and Mr. HUMPHRY carried, by a majority of one, a reference of the scheme back to the Committee, with a view to its amendment as to the rights reserved to Members of the College of Physicians and Fellows of the College of Surgeons, and also as to the graduates of English universities. Mr. SIMON was, we regret to find, not present to support his own motion; and the result was that, after some discussion, the Minutes respecting this matter were *not* confirmed, the adverse motion proposed by Mr. HILTON having been carried by a majority of two. The conjoint scheme being thus neither accepted nor condemned, it was resolved that the Council should resolve itself into a "committee of the whole house" to consider the scheme anew; and the said committee will hold its first meeting on Tuesday next.

We take this opportunity of again protesting against the

scheme in its entirety. It is nothing but a compromise between the three medical corporations, with a view of preserving their own privileges without regard to the interests of the profession or of the public. Can any sane person pretend that it would be necessary to have *ten* examiners in surgery on a conjoint board, if it were not desirable to preserve the vested interests of the Council of the College of Surgeons? If there were not ten examiners in surgery, would it ever have been suggested to have the same number in medicine?—and if it were not for these absurd numbers, would it ever have been proposed to make the whole number of examiners for the conjoint examination no less than *forty-six*? The thing is an absurdity; and the only explanation of it is the real one—viz., that the interests of the examiners of the three corporations have been alone considered.

But, setting aside the question of examiners, the fundamental objection to the whole scheme lies in the fact that it is not the sole portal to entrance to practice in England. It may be doubted whether, under their existing charters, either of the three corporations could refuse to examine a candidate who applied to be admitted to that corporation alone; but, supposing that difficulty got over by means of bye-laws (the efficacy of which is doubtful), there still remains the fact that Members of the College of Physicians, Fellows by examination of the College of Surgeons, and graduates in Medicine of all the English Universities, will be entitled to inscribe their names on the Medical Register without any reference to the "conjoint board." We hope that the deliberations of the Council of the College of Surgeons will lead to the abandonment of a scheme which does not merit the support of the profession, and would not, we believe, receive the sanction of the General Medical Council.

Medical Annotations.

"Ne quid nimis."

MEDICAL REFORM.

THE nominal "organ" of the British Medical Association has at last lifted up its voice, and has borne testimony in the cause of medical reform. We learn from its somewhat tardy deliverance that Mr. Headlam has withdrawn the Bill of the Association in order to save it from any rude collision with our own "unreal and impracticable" measure. The wisdom of avoiding such a collision is sufficiently manifest upon general grounds; and, unfortunately for the reason assigned, it happens that Mr. Headlam has written to us a letter in which he expresses his approval of the principles of THE LANCET Bill. His withdrawal is, probably, the result of his conviction that the measure now before the House is a better one than that which its originators were desirous to entrust to him, and of his unwillingness to be encumbered in debate or in committee with the charge of a Bill that was little likely to be accepted either by Parliament or by the profession. He will now be free to act as an independent member, and to exercise a perfectly unfettered judgment upon any propositions that may be referred to him. The novel and ingenious suggestion that a member of Parliament has abandoned his own good Bill because another member is going to bring in a worse one, might be considered creditable to the inventive powers of our contemporary if it were not that it taxes rather too heavily the credulity of those to whom it is addressed. It is trite to observe that truth is stranger than fiction; but fiction, nevertheless, requires to be redeemed from extravagance by some appearance of probability.

The phrase "Bill of the Association" is one that has been bandied about in this discussion, and that has been used to signify the measure prepared by the Residue of the Reform Committee of the British Medical Association. Now this full title is too lengthy to be often written down, and the abbreviation "Bill of the Association" has the serious disadvantage of being misleading. It illustrates Dr. South's comments on the "terrible imposture and force of words," and it has actually led many non-professional persons to think that the abortion which Mr. Headlam has abandoned to its fate was in some sense the expression of the wishes of between three and four thousand medical practitioners. The time has come at which it is necessary to say that the bond uniting this large body is simply a social one; that its Council is brought together chiefly from social considerations, and in a great degree also as the result of suggestions from a small central junta, who desire the return of men behind whose shelter they can carry out their own conceptions of what may be for the public good; that the so-called Reform Committee was a sort of excrescence from the Council, formed by persons who had no sort of right (on this question) to represent anybody but themselves, and who derived their only claim to collective consideration from the presence of the five eminent men who seceded from them. The Residue and their measure require descriptive appellations which shall not be calculated to mislead; and, with regard to the former, history furnishes a well-known precedent for the use of a Saxon word. We purpose, for the future, to speak of the Rump Committee and their little Bill, or, to use the words of the *Pall Mall Gazette*, their "little trumpet."

THE ROYAL SOCIETY.

SIR EDWARD SABINE gave the first of his two annual *soirées*, as President of the Royal Society, on Saturday evening last, when many hundreds of visitors assembled at Burlington House. The walls of the reception-rooms were decorated by pictures and drawings, conspicuous amongst the latter being excellent portraits in crayon of Sir Wm. Fergusson and the late Dr. W. A. Miller, by Beadell. Numerous objects of interest were exhibited, amongst others, the photographs of the solar eclipse in December last, taken by Lord Lindsay, and the large equatorial telescope used in the process; a plaster cast of the infant hippopotamus recently deceased at the Zoological Gardens, contributed by Mr. Frank Buckland; and Professor Spottiswoode's apparatus for visibly demonstrating the vibrations of musical chords. But what had most interest for members of our profession, and for physiologists generally, were the experiments performed by Dr. John Norris to show the cohesion of colloidal films and spheres, by which he believes that the passage, *en toute pièce*, of the blood-corpuscles through the capillary walls, as observed by Cohnheim and others, can be explained. Dr. Norris used for the purpose a solution of soap and metal rings of various diameters, set in handles, to hold the films, the spheres being the ordinary blown soap bubble. When such a bubble was allowed to fall upon a film, it at once assumed a flattened ovoid form, and projected equally on either side of the film, moving readily across it as the frame was inclined from one side to the other. By a dexterous application of the blowpipe Dr. Norris next took away the bubble from the opposite side of the film to that to which it had been first applied, leaving

the latter unbroken. Thus the sphere had passed through a film which presented no opening of any kind, without rupturing it. Solid bodies well moistened externally, such as an orange, or a mass of glass, were also passed through. A certain proportion of moisture Dr. Norris has found to be essential to the cohesion of the colloidal substances; for if the sphere and the film were kept apart for a few seconds, no such result ensued; the sphere rested on the film without cohering to it, or changing its shape. Applying the knowledge acquired by these experiments to the migration of the blood-corpuscles through the capillary tissues, it may be conjectured that such a relation as regards moisture exists between the corpuscle and the wall of the vessel in the normal state, as to prevent the passage of the one through the other; but if this relation be disturbed by any cause, cohesion of the opposed surfaces occurs, and the sphere (blood disc) passes through the film (wall of the capillary). The aggregation of the corpuscles into rouleaux, under certain conditions, may also perhaps be similarly accounted for.

Mr. Varley's magneto-electric experiments, Mr. Francis Galton's pantagraph, Mr. Haviland's maps of the geographical distribution of heart disease and cancer, microscopes, microspectroscopes, the heliotype process of photographic printing, and other interesting and instructive objects, combined to afford much enjoyment to all present, and to make the reception a highly successful one. We regret to hear that the distinguished President thinks of resigning his post.

THE METROPOLITAN WATER-SUPPLY.

THE periodical reports of Professor Frankland, and the communication from Dr. Hassall which appeared in our impression of the 4th inst., should suffice, were no other evidence forthcoming, to secure the passing of the Government Bill now before the House of Commons for amending the Metropolis Water Acts. Professor Frankland has just reported to the Registrar-General on the quality of the London water-supply in 1870, and he speaks of two only of the companies as exhibiting perfect filtration, the others, with one exception, showing mostly "improvement" on former years; the exception being the Chelsea Company, which is said to have "rather retrograded than advanced." On two out of twelve occasions during the year, Dr. Frankland states that the Chelsea Company's water "was so muddy as to be entirely unfit for domestic use." And he pertinently remarks that "the continuance with perfect impunity of this state of things would almost lead to the conclusion that the following clause of the Metropolis Water Act of 1852 had been repealed: (§ 4) 'Every company shall effectually filter all water supplied by them within the metropolis for domestic use before the same shall pass into the pipes for distribution.'" Microscopic examination revealed "living organisms" in the Chelsea, Southwark, Grand Junction, and East London Companies' waters. So much for the quality of the fluid supplied to three millions of people. As to its mode of supply, Dr. Frankland simply states the fact that "amongst the towns of the United Kingdom, London stands nearly alone in its continued adherence to the antiquated and most objectionable system of intermittent supply."

The Bill now awaiting its second reading in the House of Commons will, if it become law, remedy the defects which Dr. Frankland has so persistently, fearlessly, and with so much ability set forth in his monthly analyses. In the first place, the Bill makes it compulsory upon every company to give a constant supply of water upon the application of the Metropolitan Board of Works (or other metropolitan authority hereafter to be created in supersession of the Board), who may act *ex mero motu* or on the requisition of the local authority of any district; or upon the request of the Secretary of State if the metropolitan authority refuses or delays to move, or if proof is given that such high interference is necessary to prevent the health of the inhabitants of any district from being prejudicially affected by unwholesome storage of water. For refusing to comply with these requests a penalty in the first instance not exceeding £200 is incurred, with a maximum continuous fine of £100 for every month of non-compliance. All necessary regulations as to fittings, waste, &c., are duly provided for. As to quality, Clause 30 enacts that "the water supplied by the companies shall be effectually filtered, according to the best known mode of filtration" to be from time to time appointed to be used by the Secretary of State, the standard of purity being prescribed in a schedule to the Bill. Clause 31 provides for the appointment by the Secretary of State of "a competent and impartial person" as water analyst, whose salary is to be paid by the companies. The supply of each company is to be tested daily, the results of the analyses being reported forthwith to the metropolitan authority. Impurity of supply, unless proved to be the result of unavoidable accident, is to entail a penalty of £50 in every case. Provision is also made for the purchase of the interests, powers, and property of the companies by the metropolitan authority.

Such is the scope of the Metropolis Water Bill, which is endorsed with the names of Mr. Shaw Lefevre and Mr. Secretary Bruce; and under such auspices there ought to be no doubt about its successful issue. It is a measure which has been shown to be imperatively necessary for the good of the metropolitan community.

SCURVY.

WE are glad to record, *apropos* of the sanitary condition of merchant seamen, the results of a Naval Court held at her Majesty's Consulate, Callao, in December last. It was then proved: (1) That a severe outbreak of scurvy on board the British ship *Princess Beatrice*, on her voyage from Cardiff to Aden and Callao was caused by the continued issue of salt and other provisions of inferior quality. (2) That the quantities of antiscorbutics on board the said ship were totally inadequate for the voyage. (3) That lime-juice was not issued in care and manner required by the Merchant Shipping Acts. And, therefore, the master of the ship incurred a penalty of £5 and costs, and the owners were adjudged to be liable for any expenses which might be incurred in respect of such of the crew as were suffering from scurvy. Mr. Grey, the Marine Secretary of the Board of Trade, has done well to publish the result of this inquiry; and we are informed that this department is at present engaged in considering if any further means can be adopted to prevent the continual recurrence of outbreaks of scurvy in ships trading between Aden and South American ports. These vessels usually sail from the United Kingdom to Aden, and both captains and owners, with a full knowledge of their eventual destination, know also that Aden is almost completely destitute of all antiscorbutic material, that there is no depôt where either lime-juice, preserved provisions, or any other substitute for fresh provisions can be obtained, and that the water is very bad. Nevertheless, such vessels are sent away with no additional store of antiscorbutics, and, as a natural consequence, they arrive at Callao and other ports on the coast with a large proportion of their crew helpless from scurvy. The remarkable diminution of the disease since genuine lime- and lemon-juice has been supplied to the crews of merchant vessels should show to ship-owners the advantage of taking additional precautions when voyages exceptionally difficult (on this head)

are undertaken. It is surely better to spend £5 in provisions and antiscorbutics than to run the risk of loss of ship and cargo through the helplessness of the crew, and of paying a penalty for a breach of the Act, and also a doctor's bill for the sick men.

THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

AT the meeting of this Society on Tuesday evening, Mr. Hutchinson contributed a paper on some cases of Xanthelasma Palpebrarum, in which he entered with great minuteness into the various general and local disorders that were associated with the discoloration, and dwelt especially upon disease of the liver, and upon liability to sick headache, as conditions that had been present in the instances falling under his observation. The minutes of the preceding meeting were lengthy, and, together with Mr. Hutchinson's paper and a short discussion upon it, left little time for the next paper on the list, only the salient points of which could be read. Its object was to call attention to the advantages of Guatemala as a place of residence for phthisical invalids. At the instance of Dr. Webster, who wished to complain of certain omissions in the paper, the discussion was continued for a few minutes beyond the usual hour; and some of these were used by a gentleman who related travellers' tales which had for their object to show that the cities of central America were not desirable places of residence for anybody, whether phthisical or healthy.

THE CLINICAL SOCIETY.

AT the meeting of this Society on the 10th inst. two very interesting and practical papers were read. The first was brought forward by Dr. Tilbury Fox, who detailed particulars of seven cases of ringworm, the subjects of which had contracted the disease from a white pony, whose body was studded with particles of tinea tonsurans, similar in character to ordinary ringworm of the scalp. Three of the human subjects of the disease presented themselves for examination. The pony had been summoned, but did not appear; and though his absence was universally regretted, an interesting discussion took place. Mr. Henry Lee then read notes of a case of operation for cancer of the tongue, in which he described a plan adopted by himself (particulars of which will be found in the detailed report of the Society's proceedings), and exhibited a diagram to illustrate its operation. An abundance of desultory conversation ensued, in which most of the surgical members present took part, and very conflicting opinions as to hæmorrhage, pain, the best mode of operating, and the advisability of operating at all, were enunciated. But the subject then under discussion is so eminently practical, that its bearings can be (as they were) canvassed with very little verbal circumlocution. The virtue of brevity was successfully exhibited at this meeting.

THE GOODSIR MEMORIAL.

SINCE the first meeting of the friends and pupils of the late Professor Goodsir, under the presidency of Dr. Dunsmure, in 1867, the project then decided upon of perpetuating the name and example of the distinguished anatomist has made but little progress. Although a committee was formed and secretaries were appointed in various parts of the country and the colonies, the expectation that, under these energetic auspices, a fund sufficient to found a fellowship would be collected within the last two years has not been fulfilled. Up to the present date, in fact, only £620 has been subscribed. The hope of establishing an endowment in the University on the scale of a fellowship has therefore been abandoned, and it is now proposed to institute in its place a scholarship in anatomy and physiology. To carry out the scheme worthily, the £620 must be raised to £1000. The committee are therefore anxious that former pupils and friends of Professor Goodsir, who have not yet contributed to the memorial, will lose no time in doing so; and that, by the prospect of a speedy consummation of the scheme, they will be induced to promote the interests of biological science and of the University, and, more particularly, to do honour to the memory of one of the most philosophical and accomplished anatomists and nature-students of modern times. Dr. Joseph Bell, 5, Castle-terrace, Edinburgh, treasurer; Dr. Craig Maclagan, 5, Coates-crescent, Edinburgh, secretary; or Dr. Dyce Duckworth, 11, Grafton-street, Mayfair, secretary for London, will be happy to receive subscriptions.

MORTALITY FROM SMALL-POX IN LONDON.

OUR readers, or many of them, may like to know that in his "Annual Summary of Births, Deaths, and Causes of Death in London, 1870," just published, the Registrar-General gives a table showing the number of deaths registered from small-pox in London during every week from the commencement of the year 1840 down to the last week of 1870. This is a collection of facts invaluable to the student of small-pox, for it has the advantage of offering an unbroken record of the movement of the disease among a population preserving throughout tolerably uniform characteristics as to its composition; and, moreover, the subdivision of the record into weekly intervals admits of the greatest degree of nicety in estimating the probable relation between the fluctuations of the disease and the variations of atmospheric condition. The document to which we have thus called attention may be obtained of the Queen's printers, Messrs. Eyre and Spottiswoode, for a few pence, and will be found to contain a large amount of information, especially useful to medical officers of health.

THE FUNCTIONS AND PATHOLOGY OF THE SPLEEN.

FOR some time past Professor G. Baccelli, of Rome, has been engaged upon an investigation into the functions and pathology of the spleen, originally undertaken with a view of obtaining some insight into the nature of the malarial fever of Rome; and the results of his inquiry have been given in a recent number of Virchow's *Archiv*, by Dr. Valentine, of Salzbrum. Dr. Baccelli remarks that in the intermissions of the first attacks of malarial fever there is frequently a great increase of appetite, which, however, is soon followed by gastric catarrh, leading to a very complete loss of digestive power (known even to Celsus) for albuminous compounds. His researches have led him to believe that the increase of appetite at the commencement of the disease is due to simple hyperæmia of the spleen; whilst the disturbance of digestive power, occurring after repeated attacks, was attributable to the persistent hyperæmia of the organ producing physiological disturbance of its functions. The large veins of the spleen, he points out, are destitute of valves, and pass, imbedded in the pancreas, and therefore imbedded in the stomach, and in front of the spinal column, to the liver, so that the blood only traverses them unimpeded when the stomach is empty; whilst, when the stomach is full, the blood current is more or less completely arrested. During digestion, physiological enlargement of the spleen occurs; and, partly owing to the contractility of the organ, and partly to the pressure by the stomach on its veins, its blood is returned by the vasa brevia and coronary veins. But he has found that from the

splenic pulp, and from its venous blood, a juice can be obtained containing pepsine, and capable of digesting coagulated albumen. The spleen, he is therefore disposed to think, prepares from the disintegrated albuminates of the blood-corpuscles the pepsine that is afterwards secreted by the glands of the stomach. The hyperæmia of the spleen occurring at the commencement of the malarial intoxication occasions an increased secretory activity of the gastric peptic glands, and thus accounts for the increased appetite observed at this period; but, at a later stage of the disease, the persistence of the hyperæmia causes stasis of the blood in the swollen spleen, accompanied by a kind of paralysis or functional disturbance, and the patient is no longer capable of digesting albuminoid food.

THE HEALTH OF THE NAVY.

THE annual Statistical Abstract of the Health of the Navy for the year 1869–70 has just been issued, and embraces the period between the 1st of July, 1869, and the 30th of June, 1870, inclusive.

In going through the Report, we found the constantly recurring notice of rheumatism as a cause of invaliding, this being due in great measure to the absurd routine practice of constantly washing the decks of the ships, against which we have before this protested. We should like also to know whether the repairs of the *Defence* were really of such an important character as to prevent her proceeding from Jamaica to Halifax until twenty-five cases of yellow fever had occurred on board, of which seventeen proved fatal.

Among the "Irregular Force" there were some curious occurrences. Thus the *Bristol*, the sea-going training-ship of naval cadets, was properly enough at sea a good deal, but was it absolutely impossible to avoid giving ground for the following paragraph in the Report?—

"During these cruises the ship's company were necessarily victualled very much on salt provisions (altogether 169 days out of the twelve months), and there was in consequence a great loss of service from boils and abscesses and ulcers. ..... The loss of service from boils and abscesses and ulcers amounted to 2607 days, so that seven men were daily incapacitated for duty from these causes alone."

Now this reads very like *scurvy*, and we wish some medical member of Parliament would ask whether the use of lime-juice and preserved vegetables and meats is encouraged on board her Majesty's ships, or whether both captain and paymaster are encouraged to be as saving as possible of these essential articles of ship's provisions. The same thing was noticed in the case of the ships of the Flying Squadron; witness the following respecting the *Scylla*:—

"As in the other vessels of the Flying Squadron, the diseases causing greatest loss of service were boils and abscesses and ulcers; rheumatic, catarrhal, and simple febrile affections were also prevalent. The daily number on the sick-list averaged 5 per cent. of the ship's company."

THE VACCINATION COMMITTEE.

THE Committee of the House of Commons continues to be occupied in hearing the anti-vaccinationists, some of whom have been rather severely handled by members on cross-examination. It must be acknowledged that it is very difficult to fix gentlemen who make the most astounding assertions on the sole authority of their individual experience. The Committee have been repeatedly told that the vaccinated are more liable to small-pox than the unvaccinated, on the ground that more vaccinated patients are admitted to the small-pox hospitals than unvaccinated; and when it is urged that the vaccinated in the community generally are as ten to one unvaccinated, the Committee are referred to a speech of Lord Robert Montagu in 1867, in which he is reported to have said that 50 per cent. of the public generally are unvaccinated. On Friday last Dr. Lyon Playfair was particularly happy in his cross-examination of Dr. Pearce, and convicted him of misquoting Jenner and misstating the opinion published by the Royal College of Physicians. Some very old statistical fallacies have been gravely brought out as new and important. Thus it is urged that the number of deaths by small-pox in France was greatest in those departments in which there had been most vaccinations. But the reason for this is obvious enough, for whenever there is small-pox there will also be panic, under the influence of which people rush after vaccination. It is to be hoped that the whole time of the Committee will not be occupied in reviewing a question which has long ago been settled by every intelligent community, and only last of all in this country. There is much to be done in the way of improvement, upon which the Committee may inquire with great advantage.

ARMY MEDICAL SERVICE.

THOSE who scanned the Army estimates for the present year will, no doubt, have perceived that there was no decrease in the number of the staff of Inspectors-General of Hospitals, notwithstanding that the removal of the troops from Canada rendered the reduction of one of those posts necessary in so far as the Canadian command was concerned. Owing, however, to the increase in the number of troops in the southern district of Great Britain, and to the relatively greater importance of Portsmouth, from the establishment of the Indian overland route transport system, it was decided to make the latter station an Inspector-General's charge. During the absence of Deputy Inspector-General Gordon in Paris, as one of the medical officers accredited to the French Government, a surgeon-major has undertaken the medical charge of the Southern district. We believe that a military contemporary is in advance of the facts in announcing that Dr. Gordon will proceed to Nova Scotia, for we are given to understand that no such arrangement has been made.

THE PARIS MEDICAL PRESS.

WE have received the *Gazette Médicale de Paris* of the 4th of March, printed as before the siege; and right welcome has been the sight of this valuable journal, of which we had seen nothing since Sept. 18th of last year. We perceive by an address to its readers that the *Gazette* was being published during the blockade of the capital in a smaller size for the benefit of the profession shut up in Paris; and, considering the scarcity of paper, it is a wonder this was accomplished. M. Jules Guérin, the proprietor of the journal, who had partially retired from the editorship, comes forward again with a fiery article, in which he sketches the duties of the medical profession during the new order of things. We are afraid M. Guérin is in too great a hurry. Reforms and the position of medicine in the vast changes which must occur should, no doubt, be defended; but medical men in France might allow the country breathing-time, and, above all, avoid that bane of modern days—the stringing together of fine phrases which have no practical value.

DIRT AND DISEASE IN DEVONSHIRE.

DR. THORNE, sanitary inspector from the medical department of the Privy Council, reports of Northam and Appledore, in Devonshire, that whereas typhoid and other preventable diseases have been most virulent there, the air, soil, and water are seriously polluted. Many of the wells are situated lower than the worst nuisances, and the drinking-water is saturated with sewage ingredients. At Appledore, 100

houses were without privies, the excrement and sewage being buried in the yards or thrown along the foreshore, one mile of which was reeking with the animal refuse of the town. Pig-sties abounded in populous places, even under the windows of dwelling-houses, many of which were unfit for habitation. Dr. Thorne concludes his report by strongly recommending the adoption of the earth-closet system, as at Hull, and the appointment of a medical officer of health. If cleanliness is next to godliness, in what a pagan condition must not these Devonshire villages be sunk! But they are no worse than scores of similar spots throughout the length and breadth of England.

PRIZE FOR PHYSIOLOGICAL RESEARCH AT CAMBRIDGE.

MR. J. GEDGE, M.B., of Caius College, whose lamented death at Khartoum while accompanying Sir Samuel Baker's expedition as head of the medical staff, was lately recorded, has, by his will, made before he left England, bequeathed £1000 to accrue to the University of Cambridge upon the death of his mother for the purpose of founding a biennial prize for physiological research. He has thus handsomely and permanently associated his name with that science which he ardently cultivated, and took the keenest interest in promoting in the University. While at Cambridge his whole time was spent in the schools of anatomy; and the preparations he has left are an evidence of his diligence and skill. Mr. Gedge was a most truthful, high-minded man, as well as an able investigator. Professor Humphry had a high opinion of him, and appointed him demonstrator of histology, in which capacity he served for three years, and relinquished it on leaving the country to join the African expedition. He was competitor with Dr. Rutherford for the chair of Physiology at King's College, and, though not successful, received the support of some of the influential electors.

MAURITIUS.

BY the latest accounts it appears that the Mauritius was visited by a cyclone and partial inundation from very heavy rains in the early part of January, by which much of the vegetable and other matters was deposited along the banks and outlets of the several streams. Owing to these circumstances and the season of the year, fever has increased in Port Louis and all along the sea coast. The disease has mainly prevailed among the civil population. Some cases of fever having appeared among the soldiers in Port Louis and at Fort St. George, these troops were, by order of the major-general commanding, removed by rail to Mahebourg, where they still remain. Several cases of mild remittent fever appeared among the men of the 20th Regiment at Mahebourg and the civil population of that district after the hurricane and inundation. The attacks in the soldiers, however, have been chiefly confined to men who had previously suffered from ague in China.

SUPERANNUATION IN THE POOR-LAW SERVICE.

IT is well that the Act of Parliament granting superannuation to the Poor-law medical officers was passed last year, as Mr. Stansfeld, the new President of the Poor-law Board, told his constituents at Halifax that he was not favourable to the principle. He thought that men should be paid the market price for their labour, and left to provide for themselves. We hope that Mr. Stansfeld's opinions will be modified when he comes to have experience in the difficulties felt in drawing the line where a public servant becomes so incompetent as to render his dismissal necessary. He will find that boards of guardians have frequently great reluctance in discharging old and faithful servants simply because they cannot exercise their wonted energy. And we cannot help thinking that Parliament is right in admitting that the principle of superannuation is in many cases as advantageous to the public as it is to the persons benefited. The argument being good for one class of Poor-law officers, it is good for all, and the mere question of being continuously in the employ of one or many boards of guardians ought not to influence the result.

SMALL-POX ENCAMPMENTS.

SURGEON-MAJOR ATCHISON proposes to mark out the commons and waste lands nearest the suburbs attacked by small-pox, to erect a few tents or huts, and carry to them every variolous case of whatsoever kind, description, or class, without favour or distinction. He discountenances brick or walled enclosures, such as are now accumulating on every side, intensifying the poison, and permanently damaging the districts in which they are placed.

We have already advocated this plan for the treatment of convalescents, and the relief of the local hospitals. But we fear the danger of removing patients to any considerable distance at the acute stage of the disease will always prove an insuperable objection to country and suburban hospitals.

AN EXPLANATION REQUIRED.

A CASE has lately been tried at Hertford, before Lord Chief Justice Cockburn, in which the conduct of a medical practitioner has been very seriously called in question. The action was for loss of service by the seduction of the plaintiff's niece, a young girl, and the defendant was a neighbour, an old man of seventy or more, who had been received on terms of friendly intimacy at the plaintiff's house. The girl became pregnant; and the defendant desired her to consult Mr. Tipple, a surgeon, of Baldock, promising that he would himself go and pave the way for her visit. It was given in evidence that she went to Mr. Tipple, who said that the defendant had spoken to him about her, and who gave her a prescription containing aloes, iron, and oil of savine. The girl also stated that the defendant told her he had several times spoken to Mr. Tipple about her, and that he was ready to perform an operation upon her if she would go to London for a day or two. Now it is hard upon Mr. Tipple that such statements should have been made in his absence; and to anything said by the defendant in the case we should attach very slender credit. Mr. Tipple may be fairly called upon to explain how it happened that he gave such a combination of medicines to a young girl who was a stranger to him, and who came to him alone. The explanation, indeed, can hardly be made too soon, or rendered too complete.

SUPPOSED DRUNKARDS AND THE POLICE.

ANOTHER melancholy case of supposed drunkenness has issued in a coroner's inquiry. Mr. Scott, a master tailor, carrying on business in Cheapside, was found insensible, by a policeman, in the Borough Market. The policeman had him conveyed to the station on a stretcher, and sent for the police-surgeon, whose assistant attended, and pronounced the case to be one of illness. Mr. Scott was then taken to St. George's Workhouse, to be attended by the parish doctor; and he soon afterwards died. In this instance the police seem to have acted properly in conveying the deceased to the station and in sending for the surgeon; but there must surely then have been grave neglect of duty somewhere. It is inconceivable that Mr. Scott had no clue

to his identity about his person; and, if any such clue could be found, it was both cruel and unjustifiable to send him to a workhouse. He should have been attended to by the police-surgeon, and kept at the station until a message had been dispatched for his friends or servants and his usual medical attendant. It would of course have been desirable, if practicable, that he should be conveyed to his own home; and, if this were for any reason impracticable, a hospital would have been a more fitting place for him than a workhouse.

THE MEDICAL OFFICER OF HEALTH IN KENSINGTON.

WE have received a copy of an address from the district medical officers of Kensington urging the vestry to elect all four of them medical officers of health, on the ground that such is the Irish system.

We are most anxious to see every Poor-law medical officer associated with sanitary administration; and in the country the district medical officer will generally be sole officer, simply because there is no one else to act. But in the larger towns, where there are a variety of duties, such as testing gas and water, advising general improvements, superintending lodging-houses, disinfecting clothes, &c., the power will be much better concentrated in a medical officer of health, having for local deputies the district officers. And this is the Irish system. In Dublin, for example, Dr. Mapother is the officer of health, and the district medical officers assist him in his labours.

HEALTH OF PARIS.

AFTER a lapse of twenty-four weeks the Registrar-General has the gratification of announcing the resumption of the Weekly Returns of mortality for the city of Paris. During the week ending the 10th inst. 2993 deaths were recorded, of which 360 occurred among the military force in the city. Small-pox exhibits a greatly reduced fatality by comparison with former returns, the deaths therefrom being 85. The prevailing maladies were bronchitis, pneumonia, enteric fever, diarrhœa, and dysentery. The mortality is declining, but it is yet far in excess of the normal rate.

FRIENDLY SOCIETIES AND INSANITY.

WE observe with satisfaction that Mr. Knox has confirmed the decision that insanity is sickness within the meaning of the friendly societies' rules. He therefore made an order for payments due to a widow whose husband had died in a lunatic asylum. Owing to the doubts upon the subject which had been expressed by the late Mr. Tidd Pratt, he disallowed costs. We trust that this decision may set the matter at rest, for it is a hardship that the distressed applicants should be mulcted repeatedly in costs.

THE A. B. C. PROCESS AT LEAMINGTON.

THE Leamington Local Board have notified to the proprietors of the A. B. C. process that, unless the unwholesome condition of the works be remedied, they will be compelled to take legal steps to put a stop to them. We commend this resolve to the consideration of the Metropolitan Board of Works, with a view to inquiry whether sufficient guarantees have been taken against the creation of a similar nuisance at the works the Company have leave to erect at the northern outfall.

AT a meeting of the House Committee held on March 14th, 1871, Mr. Francis Mason and Mr. Richard Davy were nominated as candidates for the respective offices of surgeon and assistant-surgeon to the Westminster Hospital.

DR. GEORGE BUCHANAN, the able Professor of Anatomy in the Andersonian University of Glasgow, received a gratifying testimonial, a few days ago, from the members of the popular anatomy class of the University. The testimonial consisted of a clock in bronze and marble, surmounted with the figure-subject, Michael Angelo's "Thinker," and bore the following inscription: "Presented to George Buchanan, Esq., M.D., by the students of his popular evening class.—Andersonian University, February, 1871." We agree with Dr. Buchanan in highly approving of the teaching of anatomy to the people, and we congratulate him on having pupils who appreciate his services.

THE number of deaths in Canterbury during the past year has been considerably in excess of a healthy standard. The sanitary authorities require to be stirred up to greater exertion. Numerous cesspools, frequently overflowing, are permitted to contaminate the atmosphere, although an efficient sewer passes by the houses. Many of the citizens are consuming tainted water, notwithstanding that there is an unlimited supply of the best in the kingdom brought to their very doors. These conditions point to the importance of pressing upon Parliament to carry out the recommendations of the Royal Sanitary Commission.

A VERY valuable gold watch and ten handsomely-bound volumes of Sowerby's "British Botany," accompanied by a scroll containing the names of the principal subscribers, with an expression of their esteem and affection, have just been presented by old Epsomians to Dr. Thornton, some time Head Master of Epsom College, and now Warden of Trinity College, Glenalmond. Dr. Thornton, it will be remembered, received in July, 1870, a testimonial from the boys actually in the College; while the presentation of this later token of respect and gratitude from the old Epsomians was unavoidably postponed till the other day.

WE are glad to announce the amalgamation of the Ethnological and the Anthropological Societies of London. Prof. Huxley, on behalf of the former Society, in consideration of the strong wish that the term "Anthropological" should be retained, proposed the title of "Anthropological Institute of Great Britain and Ireland" for the new society, which was unanimously adopted.

THE cause of Experimental Physics at Cambridge, in which we have more than once expressed an interest, has been powerfully reinforced by the appointment of the first lecturer to the newly-founded chair in that subject. The choice of the electors has fallen on James Clerk Maxwell, Esq., M.A., of Trinity College, formerly Professor of Natural Philosophy at Aberdeen, and at King's College, London.

MR. J. COMYNS LEACH, B.Sc., M.R.C.S.E., has been appointed a County Coroner for Dorsetshire, in the room of W. H. R. Bennett, M.R.C.S.E., resigned. This appointment until five years ago was always held by a member of the legal profession, when Mr. Bennett contested it with a lawyer, and was successful. This time there was no opposition.

WE are glad to learn that Deputy Inspectors-General Drs. Gordon, C.B., and J. H. Kerr Innes, C.B., have returned to this country, the former from Paris, where he had been present during the siege, and the latter from the head-quarters of the Prussian army. Surgeon-Major Wyatt, who was accredited to the French Government with Dr. Gordon, has not yet returned to England.

AN Edinburgh telegram states that the managers of the Royal Infirmary of Edinburgh have, after several adjourned meetings, declined to admit female students to the wards of the Infirmary for the study of clinical medicine. The resolution has been arrived at by a majority of 13 to 5.

THE action of Craig *v.* Miss Jex Blake was before Lord Mure on Friday, the 10th inst., on a continued motion of Mr. Maclaren, counsel for the defendant, to fix a day for trial. The Lord Ordinary fixed the trial to take place before a jury on the 30th of May.

WE understand that small-pox has prevailed of late in China, and that it was present in an epidemic form among the civil population at Hong Kong. The troops garrisoned there, however, have suffered to only a very slight extent.

THE Medical Teachers' Association will meet this (Friday) evening, at 32A, George-street, when the recent regulations of the College of Surgeons will be the subject of discussion.

THE Privy Council have awarded the sum of £47 14*s.* to Mr. Thomas B. Knott, the public vaccinator for Middleton, near Manchester, for his meritorious vaccinations.

THE first Hospital Sunday at the Hartlepools was held on the 5th inst., when collections were made at most of the places of worship in the district.

ROYAL COLLEGE OF SURGEONS.

PROFESSOR ERASMUS WILSON'S LECTURES ON DERMATOLOGY.

LECTURE VI.

THE treatment of eczema infantile formed the topic of the concluding lecture. Mr. Wilson said it may be summed up in a few words. Every part of the inflamed surface must be coated over with the oxide of zinc ointment. The diet should be carefully scrutinised, so as to secure its nutritive capacity. Fowler's solution should be administered in doses of one or two minims with the meals, and the state of the bowels carefully regulated. In reference to any supposed derivative influence of eczema, there need be no more hesitation in the arrest of its discharges than would be felt in putting a stop to chronic diarrhœa. Nevertheless, there should be as little remission of caution in the treatment of this as of any other disease. Eczema infantile is often complicated with bronchitis, and it offers no safeguard against the usual convulsive diseases of children.

Eczema in childhood and youth demands a similar principle of treatment and similar care to that already prescribed for eczema infantile. The disease is often aggravated, and rendered persistent, by the defective regimen of schools. In adult life the predisposing cause of eczema may present a series of disorders and infirmities which demand our attention equally with the local affection. But there is no period of more interest than that of full maturity of the body, when eczema presents itself chiefly as a disorder of the digestive organs, or comes to us as an accompaniment of deranged function of the liver. In these latter examples it is no longer needful to search out the most nutritive diet, but rather to shear it of its redundancy. The regulation of the digestive organs quickly induces an improvement in the eruption, and this is to be followed by tonic remedies, and at a later period notably by arsenic. It may be accepted as an axiom that whatever strengthens the body, and restores the health, will at the same time be the best cure of eczema.

THE ROYAL HOSPITAL AT KILMAINHAM.

FROM this second Report of the Committee on the Chelsea and Kilmainham hospitals, recently published, we learn that the Royal Hospital at Kilmainham, for aged and married officers and soldiers dismissed as unserviceable from the army serving in Ireland, was founded by Royal Charter of King Charles II. in 1679, and was opened in 1684.

The hospital was constructed with a view to accommodate 300 in-pensioners and the requisite staff. This number was subsequently altered from time to time; thus in 1700 it was raised to 450, but reduced in 1854 to 140, which is the existing establishment. At the time of the committee's visit the number of in-pensioners was 139. The average period of residence in the hospital is about seven years. The age of the oldest in-pensioner at present is $87\frac{1}{12}$, that of the youngest $30\frac{1}{12}$, the average 63; and the average age on admittance since 1856 has been 56. The average annual total expenditure upon the establishment for the period from 1st July, 1856, to 31st December, 1869, has been £9543 19*s.* 2½*d.*; and deducting therefrom the amount of the out-pensions surrendered, and other sums, the average cost per in-pensioner has been 2*s.* 6¾*d.* a day. The infirmary, a separate building from the hospital, contains accommodation for about 34 patients, and the average number of inmates is from 28 to 30. Besides the infirmary, a certain number of rooms in the hospital building are appropriated to the accommodation of the older and more feeble men, under the care of the surgeon. Great difficulty is experienced in obtaining eligible nurses. Their pay at present is 1*s.* a day on appointment, and they receive a dress and an apron a year. They are allowed fuel and light for an unfurnished room, but receive no rations or other allowances. The result of the inspection was to convince the committee that the arrangements of the hospital and infirmary were throughout most satisfactory.

The condition of the men appeared to be one of complete contentment; and there was a greater appearance of domestic comfort, and of attachment to the institution, than obtained at Chelsea, "a circumstance which may, perhaps, be owing, in some degree, to the arrangement by which the men are divided into parties of five, who live and mess together in one room, whereas at Chelsea each man is practically isolated from his comrades in a separate and necessarily small, compartment."

The committee declare that, "though the monastic character of the establishment is not so decided as at Chelsea, we are of opinion that our recommendation in regard to the admission of the wives of some of the in-pensioners into that hospital is also applicable to the case of Kilmainham, whilst the structure of the building is much better suited to such an arrangement than at Chelsea."

THE SMALL-POX EPIDEMIC.

PROGRESS OF THE EPIDEMIC.

THE fatal cases of small-pox in London, which in the two previous weeks had been 227 and 213, further declined to 194 last week. In nine permanent and temporary hospitals there were 53 deaths last week. The mortality shows a decline in the west and east, whilst in the north there is an increase, especially in St. Pancras and Islington. Of the total deaths from small-pox last week in London, 96 were returned as unvaccinated, 74 as vaccinated, and 23 as "not stated."

We have still no official returns, but from inquiries we have made we have sufficient evidence to show that the height of the epidemic has been passed. Although there are many fresh cases in every district, the number has increased only in Islington and Hackney. The large proportion of deaths in private homes proves how generally the contagion is diffused, and this circumstance forbids the hope that the decline of the epidemic will be anything like as rapid as the rise. As in former epidemics, we must prepare for many weeks of a high mortality before the usual rate is reached.

HOSPITAL ACCOMMODATION.

There are said to be a few vacant beds in the hospital at Stockwell; but such is the want of organisation that the local authorities are compelled to send first to this hospital and then to that before they can find a bed. The other day a patient was sent up to Hampstead, and on arrival was sent back again because the bed which had been reported

vacant in the morning was filled up by the afternoon. We would suggest that the hospitals should be placed in telegraphic communication with the central office in Norfolk-street; that the guardians should be directed to apply there, and there only; and that the chief clerk should have authority to apportion the accommodation as soon as vacancies occur.

We venture again to inquire how it is that the *Dreadnought* has not been utilised, and why the proposal to erect field hospitals has not been entertained? It was stated that the military authorities would be happy to erect military tents at Battersea, and that they could do this at one-third the expense of permanent or temporary structures of wood or iron. The idea promulgated by Surgeon-major Atchison, of forming a small-pox encampment, is worthy of serious attention; for even if it were not thought possible to take out every case of small-pox, yet it cannot be denied that the convalescent might be removed to such encampments with advantage to the patients, and with great relief to the existing hospitals.

SMALL-POX IN SHIELDS.

The disease appears to have been introduced here from Hartlepool, and also by a seaman who arrived from Rouen. He was removed to lodgings, and infected the west end of the town. Four seamen, covered with the disease, came from Rotterdam, and were removed to a boarding-house. The disease has been spread through the medium of infected clothes, and the sanitary officer has summoned one family for sending them to the public wash-house without previous disinfection. There have been thirty-two deaths in the last fortnight. It would appear that vaccination has been much neglected here, and this in spite of the fact that until eighteen months ago every medical man in the town was invited to become a public vaccinator.

IRELAND.

(FROM OUR SPECIAL CORRESPONDENT.)

VICE-PRESIDENT OF THE ROYAL COLLEGE OF SURGEONS.

THERE are several candidates already in the field for the vice-presidency of this College, the election for which will take place in June; among others, Mr. Kirkpatrick, of the North Dublin Union, and Dr. Darby, of Bray, President of the Irish Medical Association. The latter gentleman, it is expected, will be returned, as he is an accomplished surgeon, and very much liked by his professional brethren.

COLLEGE OF PHYSICIANS.

The Clinical Examination in Medicine, the first since the resolution adopted by this College requiring candidates for the licence in medicine to undergo examination at the bedside, took place on Tuesday, the 7th inst., in Mercers' and the Adelaide Hospitals, and was conducted by Dr. Gordon, Vice-President, and Dr. Hayden, both being examiners in the Practice of Medicine. All the candidates passed, the answering, I understand, being very satisfactory.

SMALL-POX IN DUBLIN.

Since last week several persons have been attacked with small-pox, arising from a patient admitted into the Mater Misericordiæ Hospital with the disease; and, as a result of the contagion, two nurses, one sister of mercy, and four medical students are at present suffering from the dreaded affection. I have not heard of any other fresh case, although a rumour was in circulation that small-pox had broken out in the Portobello Barracks, which is situated close to the city; but I believe this statement to have no foundation.

Since writing the above I have learned that one of the students attacked has just died in the Mater Misericordiæ Hospital.

REVACCINATION.

At the next meeting of the Surgical Society of Ireland, to be held on the 24th inst., the subject of revaccination will be brought forward, when a very interesting and valuable discussion, it is confidently expected, will result on this most important topic.

Dublin, March 14th, 1871.

Obituary.

GEORGE MAY, M.R.C.S.E.,

MALDON.

MR. MAY died at the advanced age of eighty-two. He was one of the oldest members of the College of Surgeons of England, having obtained his diploma in 1812. He received his professional education at the united hospitals of Guy and St. Thomas, where he carried off, by competitive examination, the prize given by Sir Astley Cooper for proficiency in Anatomy and Surgery. Mr. May was a favourite pupil of Sir Astley, who interested himself in his future settlement, and in later years gave him the best proofs of personal friendship. After he had received his diploma from the College he continued his dissections and studies at Guy's Hospital, under the advice of Sir Astley, who considered he possessed special qualifications for an operating surgeon. In 1813 he settled in his native town, and retired in 1869, after having been engaged in extensive and successful practice fifty-seven years. During this lengthened period he was frequently called in consultation by his brother practitioners in the town and in the surrounding country, to whom he often rendered great assistance by his sound judgment and vigorous action. His moral and intellectual qualities were of a high order. His courteous manners, and readiness to promote the interest and welfare of others, secured for him a more than ordinary share of general affection and esteem. He was more than thirty years a magistrate of the borough, and was seven times elected mayor; and as a Liberal he for many years took a leading part in its political movements. His funeral was marked as a time of general mourning through the whole town, and was attended from his residence by a procession composed of the mayor and corporation and upwards of 100 of the principal inhabitants, consisting of the clergy of all denominations, and men of all creeds, religious and political; and at the burial-ground it was computed that between 600 and 700 persons assembled, some from remote parts of the country, to pay the last tribute of regard to one whose memory they venerated, and whose loss they deplored.

MAXWELL F. REILLY, ESQ.

THE township of Wigan has lost an able medical officer in Mr. M. F. Reilly, who died there of typhoid fever, contracted in the discharge of his duty, on the 18th ult. The deceased gentleman was the second son of Mr. James Reilly, of Holles-street, Dublin, and studied at Trinity College, the Royal College of Surgeons of Ireland, and the Adelaide Hospital, where he was resident pupil. As a student he obtained prizes both in medicine and surgery, and he held the diploma of the Royal College of Surgeons of England (1866), the Licentiateship of the Royal College of Physicians of Edinburgh, and the Licentiateship of Midwifery (1868). He was appointed medical officer to the township of Wigan in November, 1869, and was chosen from thirty-eight candidates. He was the first surgeon elected under the arrangement for including the whole of the borough together with the union workhouse in one district, and it was mainly through his exertions that the new system won its way to recognition as, not only practicable, but much better than the old one. Mr. Reilly leaves many friends, and an extensive public, to deplore his loss; while the Chairman of the Wigan Board of Guardians, at its last meeting, moved the adoption of the following vote of condolence:—"That this Board wish to record their feeling of deep regret at the death of the late Maxwell Francis Reilly, Esq., who, by the faithful and assiduous discharge of his duty as union medical officer, had in a short time gained the respect and goodwill both of the guardians and of his patients, and to condole with his widow and relatives on the loss they have sustained by the early and untimely ending of a life which promised to be eminently useful and successful."

Medical News.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on March 9th:—

Elder, George, General Hospital, Nottingham.
Penkivil, John Hugh, Cranbrook, Kent.
Pritchard, Richard Henry, Treborough, Somerset.
Martin, Richard Johnson, Little Hulton, Lancashire.

The following gentleman also on the same day passed his first professional examination:—

Robey, Peter John, Queen's College, Birmingham.

COLLEGE OF PHYSICIANS, IRELAND. — At examinations held on the 7th, 8th, and 9th of March, the following gentlemen obtained the licences in Medicine and Midwifery:

LICENCE IN MEDICINE.—William White, William F. Norman O'Loughlin, Thomas Pegum, Jeremiah Joseph Donworth, George Frederick Bevan, Patrick Joseph Allen, Chas. Edw. Dwyer, James Brian, Joseph Brady.
LICENCE IN MIDWIFERY. — William White, Thomas Pegum, George Frederick Bevan, Patrick Joseph Allen, Chas. E. Dwyer, James Brady, William Prier.

MEDICAL ACT (1858) AMENDMENT.—On Tuesday Dr. Lush obtained leave to bring in a (THE LANCET) Bill to amend the Medical Act, 1858. The Bill was presented, and read the first time; to be read a second time on Wednesday, the 14th June, and to be printed. Mr. Brady also obtained leave to bring in a Bill for the like purpose, which was brought in and read a first time on Wednesday, and the second reading fixed for the 14th June.

ROYAL LITERARY FUND. — At the eighty-second annual meeting of this fund, held last week under the presidency of Lord Stanhope, Dr. Richardson, F.R.S., was unanimously elected honorary physician, in succession to the late Dr. Copland, F.R.S., who filled the office with equal honour to himself and benefit to literature from 1826 to his death in 1870—forty-four years.

DR. ATKINSON, Abbotsbury House, Newton Abbot, has been placed in the Commission of the Peace for the county of Devon.

AT a meeting last week of the Guardians of the Kilkenny Union, the salaries of each of the medical officers of the workhouse were increased from £50 to £75 per annum.

A VOCAL AND INSTRUMENTAL CONCERT, in aid of the funds of the Metropolitan and City Police Orphanage, is to be given at St. James's Hall, on Friday, the 31st day of March, 1871, under the patronage of their Royal Highnesses the Prince and Princess of Wales, and other distinguished persons.

THE LACY MEMORIAL.—A very beautiful stained-glass window has, during the past week, been placed in the parish church of Newark-upon-Trent, to the memory of the late J. P. Lacy, Esq., as a memorial of the energy, zeal, and ability with which for more than half a century he faithfully and eminently fulfilled the duties of his medical profession, and as a just acknowledgment of his public and private worth.

THE RIBERI PRIZE.—This is the fourth triennial competition, the subject being on Nervous Diseases as a whole, or on any particular Disease of the Nervous System. The essays may be in Italian, Latin, or French, manuscript or printed, the latter being published within 1871–72–73. Two copies must be sent, on or before the 31st of December, 1873, to the University of Turin, in the usual academical manner.

MEDICAL WAR OBITUARY IN FRANCE.—M. Blain lately died of pyæmia in consequence of a wound on his finger whilst taking care of a German soldier. Dr. Ehrmann, son of Professor Ehrmann, of Strasburg, died of his wounds, received whilst tending the fallen in one of the engagements on the Loire. Dr. Bardinet, Director of the Medical School of Limoges, has lost his son killed in battle. Dr. Damicourt, who had joined the Army of the West, found a glorious death during the campaign. Dr. Milliot was killed whilst returning to the wounded lying on the field of battle at Froeschviller. He had walked some distance to get a supply of linen, and was hit by a piece of a bursting shell.

Medical Appointments.

BEADLES, F., M.R.C.S.E., has been appointed Medical Officer for District No. 4 of the Evesham Union, Worcestershire, vice J. N. Beadles, M.R.C.S.E., resigned.
BRUNTON, Dr. T. L., Lecturer on Materia Medica at the Middlesex Hospital Medical College, has been appointed Casualty Physician to St. Bartholomew's Hospital, vice Dr. R. Thorne Thorne, appointed Medical Inspector to the Privy Council.
CHISHOLM, W., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed a Medical Officer to the Edinburgh Dental Dispensary, vice Mr. Charles Hutchins, resigned.
CLARK, R. O., M.R.C.S.E., has been appointed Medical Officer for the North District of the Farnham Union, Surrey, vice E. Y. Knowles, M.R.C.S.E., resigned.
COSSAR, Dr., has been appointed Physician to the West Norfolk and Lynn Hospital, vice Dr. Williams, resigned.
CREBY, T. G., M.R.C.S.E., has been appointed Medical Officer for the Milton District of the Gravesend and Milton Union, vice J. H. Armstrong, M.R.C.S.E., resigned.
CUNNINGHAM, W., J. T., L.D.S.R.C.S.E., has been appointed a Medical Officer to the Edinburgh Dental Dispensary, vice P. Orphoot, M.D., resigned.
FORBES, J. A., L.F.P. & S. Glas., has been appointed Medical Officer for District No. 3 of the City Parish of Glasgow, vice James Golder, M.D., L.R.C.S.Ed., deceased.
HARDING, G. D., M.R.C.S.E., F.C.S.L., has been reappointed as Surgeon to the Askam Iron and Steel Works and Mines.
HUDSON, R. S., M.D., has been appointed Medical Officer for the Redruth District of the Redruth Union, Cornwall, vice Thomas Michell, M.D., deceased.
JOHNSTON, C., M.R.C.S.E., has been appointed Medical Officer for District No. 5 of the Barnstaple Union, vice R. C. Hoyle, L.R.C.P.Ed., M.R.C.S.E., resigned.
LEE, T. W., M.R.C.S.E., has been appointed Medical Officer for the Great and Little Milton Districts of the Thame Union, Oxfordshire, vice T. J. Hugall, M.R.C.S.E., deceased.
LEWIS, W., L.R.C.P.Ed., has been appointed House-Surgeon to the Paisley Infirmary, vice Weir, deceased.
PORTER, E. G., L.R.C.P., M.R.C.S., L.M., has been appointed Medical Officer to the Temporary Small-pox Hospital, St. Luke's.
SHEPHEARD, J., M.R.C.S.E., has been appointed Public Vaccinator to the North Walsham District of the Erpingham Union.
SLEIGHTHOLME, J. P., L.R.C.P.L., M.R.C.S.E., has been appointed House-Surgeon to the North Ormesby Cottage Infirmary, Middlesborough.
SMITH, C. S., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer to the Waterloo-cum-Seaforth Local Board of Health.
SMITH, Mr. C. H., of Mercer's Hospital, Dublin, has been appointed House-Surgeon and Apothecary to the Northern Infirmary, Inverness, vice A. S. Reid, M.B., C.M., resigned.
STOCKWELL, F., M.D., has been elected Medical Officer for the Woodstock No. 1 District of the Woodstock Union, vice J. G. White, M.D., M.R.C.S.E., resigned.
SYMES, J., L.R.C.P.Ed, L.R.C.S.I., has been appointed Medical Officer to the Briton Ferry Iron Works, and the Vernon Tin Works, Glamorganshire, vice T. L. Evans, L.R.C.P.Ed., deceased.
THWAITES, W. K., Esq., has been appointed Secretary and Treasurer to the Edinburgh Royal Maternity Hospital, vice H. J. Rollo, Esq., resigned.
TOSSWILL, L. H., M.B., M.R.C.S.E., has been appointed House-Surgeon and Apothecary to the Devon and Exeter Hospital, vice R. Ley, M.R.C.S.E., resigned.
WEATHERHEAD, Mr. J. F., has been appointed Assistant Medical Officer to the City of London Lunatic Asylum, Stone.
WRIGHT, Dr. H., has been appointed Medical Officer for the Knaresborough District of the Knaresborough Union, vice Mr. J. Walker, resigned.

Births, Marriages, and Deaths.

BIRTHS.

JESSETT.—On the 12th inst., at Pier-road, Erith, Kent, the wife of Frederic B. Jessett, L.S.A., of a daughter.
MACKENZIE.—On the 9th inst., at Weymouth-street, Portland-place, the wife of Dr. Morell Mackenzie, of a daughter.
THOMSON.—On the 10th inst., at New Pitsligo, Aberdeenshire, the wife of George Thomson, M.B., of a son.
WEIR.—On the 7th of Jan., at the Rua de Saõ Francisco, Sahara, Brazil, the wife of Wm. Weir, M.D., of a daughter.
WILLIAMS.—On the 6th inst., at High-street, Bangor, North Wales, the wife of O. T. Williams, Physician and Surgeon, of a daughter.

MARRIAGES.

CHERRY—MAXWELL.—On the 3rd ult., at Christchurch, Cawnpore, William Cherry, L.K.Q.C.P.I., Assistant-Surgeon 5th Lancers, to Margaret Helen, daughter of Hugh Maxwell, Esq.
O'KEEFFE—EVANS.—On the 21st ult., at St. Peter's, Gloucester, D. J. O'Keeffe, L.R.C.S., to Mary, daughter of the late J. Evans, Esq.

DEATHS.

BARRY.—On the 2nd ult., at the Sanatorium, Colaba, J. S. Barry, M.R.C.S.E., H.M.'s Ship "Teazer."
CONNEL.—On the 9th inst., Dr. A. J. N. Connel, of St. George's-road, Warwick-square, late 2nd Life Guards.
FITZMAURICE.—On the 9th inst., at Upper Norwood, Geo. L. Fitzmaurice, F.R.C.S.E., aged 66.
GOULSTONE.—On the 12th inst., J. G. Goulstone, M.D., of Clarence-street, Liverpool.
LEE.—On the 20th of Nov., at Warwick, Queensland, Australia, from aneurism of the aorta, occasioned by a fall from his horse, Washington Lee, M.R.C.S.E., in his 29th year.

Notes, Short Comments, and Answers to Correspondents.

Vaccination and Revaccination of Seamen: The Dublin Marine Board and the Board of Trade.

The increasing number of cases of small-pox imported from Great Britain and elsewhere renders it necessary for Government to facilitate measures devised by the local authorities in Ireland to check the spread of the disease. It was with this view that the Dublin Marine Board authorised their medical inspector to attend on stated days at the Dublin Custom House, for the purpose of gratuitously vaccinating all seafaring persons desirous of that protection. The Board communicated their resolution to the Board of Trade, in full expectation that the latter department would sanction their very natural and laudable resolution. It is, however, with much regret we have to state that the Board of Trade replied that "they are responsible neither for vaccination of the men, nor for the payment of the medical officer." It appears that the receipts of the Dublin Marine Board for examination of seamen for qualification as masters and mates amount to a sum considerably over the cost of that department. The measure recommended by the Dublin Board has the fullest approval of able professional gentlemen, as Dr. Dickson (Medical Inspector of her Majesty's Customs, London), Dr. Holcombe (Inspector of Emigrants, Liverpool), and others professionally connected with seamen, who hail the action of the Irish local authorities in the matter as well worthy of imitation in Great Britain. It seems a great pity that the Board of Trade have not at once authorised the Dublin Local Marine Board to take the necessary steps, when the entire expense is so small as probably not to exceed 1*s.* 6*d.* to 2*s.* per head.

Mr. G. D. Harding is thanked for his note, which we are glad to receive.

Safe Passage of a Hair-pin through the Alimentary Canal of a Child twelve months old.

To the Editor of The Lancet.

Sir,—You will oblige me by publishing the subjoined case, if you think it worthy of a place in your journal.

A healthy child, twelve months old, was brought to me on the morning of December 20th, 1870, by its mother, with the following history:—About half an hour previously she had left the child playing on a bed. In a few minutes her little boy, two or three years of age, came running to her, saying, "Baby has swallowed a hair-pin." She found the child black in the face, and retching violently, and it brought up a trace of blood. It afterwards gave a distinct gulp, which was followed by instantaneous relief. When I saw the child, it appeared slightly exhausted; but in other respects seemed quite well. Having satisfied myself that the pin was not still lodging in the throat, I sent the child home, and determined to leave the case to nature, ordering the mother not to give it any purgative. No further symptoms occurred, and on the fourth day the pin passed per anum, the child having meanwhile had five motions, all of a moderately firm consistence. I have the hair-pin in my possession; it is made of bright steel, is two inches and a half in length, and its points, which are sharp, are half an inch apart.

Sir Wm. Fergusson, when speaking of the swallowing of indigestible substances, mentions, as the most remarkable case with which he is acquainted, that of a man who passed without inconvenience a silver pencil-case that he had swallowed. But the case given above appears to me even to be more remarkable than this, when we consider the age of the patient, and the shape of the intruder, with its two sharp points ready to catch any of the numerous impediments to its journey. The favourable result seems to me in some measure to be attributed to the quiet state of the bowels and the firm consistence of the evacuations, which enclosed and shielded the points. Is it not possible that even so simple a remedy as a dose of castor oil might, either by rendering the fæcal matters more fluid and so destroying their protective power, or by increasing the peristaltic action of the intestines, have caused the points to engage in the mucous lining of the canal, and thus produce serious mischief?

Yours obediently,

Eye, Suffolk, March 7th, 1871. E. G. Barnes, M.B. Lond.

Clinical Clerk, (Wandsworth.)—1. Mention is made in Miller's Chemistry, vol. iii., page 374, of lactic acid and lactates, as also in Watt's and Ure's Dictionaries, and in most chemical works which treat of organic chemistry; but we cannot at present name a work in which the doses and therapeutical effects of lactic acid and lactates of soda and iron are described.—2. No.

The communications of *Mr. R. W. Goldie*, *Mr. Albert Speedy*, *Dr. Fergus*, and *Dr. Crichton Browne* shall appear in early numbers.

Education of the Deaf, Dumb, and Blind.

To the Editor of The Lancet.

Sir,—It must be a matter of regret to everyone who takes an interest in the education of these heavily afflicted people that Mr. Wheelhouse's Bill has not become law. At the same time the following fact cannot be too well known—viz., Boards of Guardians have the power to send any so afflicted to a school, provided such school is certified so as to be under the supervision of the Poor-law Board. As to the question of this being an additional burden on the ratepayers, everyone must know that persons so afflicted, if left uneducated (belonging to the poorer classes), will in all probability become chargeable to the parish. Educate them, and in nine cases out of ten they become capable of supporting themselves. It is to be hoped the matter will not drop, as anyone who has seen the difference between an educated and an uneducated person of this class will say with me that it should be compulsory.

Yours respectfully,

Henry Lawrence.

Lower Phillimore-place, Kensington, March, 1871.

The Chamber of Agriculture and Poor-law Medical Reform.

At the meeting of the Chamber of Agriculture to be held at the Salisbury Arms, Fleet-street, on Tuesday, May 2nd, at 11 A.M., a paper will be read by Dr. Joseph Rogers on the "Economic Aspects of an Efficient System of Poor-law Medical Relief." Sir J. Jenkinson, Bart., M.P., Mr. Corrance, M.P., and several influential members of the House of Commons, who belong to the Chamber, have already intimated their intention to attend and take part in the discussion. The meeting promises to be of an especially interesting and important character.

Dr. Coombe had better obtain a copy of Condy's pamphlet on the use of his fluid, as the details, although simple, are too long to describe. Address Messrs. Condy, Church-road, Battersea, S.W.

Mr. W. H. Espenett.—Thanks for the communication. Such supposed discoveries have been made hundreds of times, and have always hitherto proved failures. A constitutional disease cannot be cured by a local remedy.

Animal Vaccination.

To the Editor of The Lancet.

Sir,—The Lancet of Jan. 14th, just received, contains a very able editorial on the epidemic of small-pox which has been raging of late in London. As it confirms the correctness of one of the principal grounds on which the practice of animal vaccination is based, I again appeal to you for the fair hearing you have always so generously granted to the cause I advocate. You are, Sir, more aware than anyone else that I failed in obtaining an official recognition for animal vaccination owing to the determined opposition of Dr. Seaton, who, I gather from his last Sanitary Report, is still more than ever unfavourably inclined towards it. But little by little Dr. Seaton's theories will crumble to pieces before the evidence of facts, and, with your kind permission, I will give a few extracts from the article in The Lancet I have just referred to, and also extracts from two letters that have appeared in your journal nearly two years ago on this very same point, and leave it to the good sense of the profession to decide who at the time was correct, Dr. Seaton or myself.

In The Lancet of Jan. 14th, 1871, I read in the editorial quoted: "Such was the crisis. If there was not an unprecedented dearth of vaccine lymph in the different parts of London, there was, we believe, a severity of small-pox unparalleled in late years." Again you state: "We think there should be a little more misgiving on the part of the department on this point, in the face of a great dearth of vaccine lymph, and an unprecedented prevalence of small-pox."

The letters referred to are—one by Dr. Seaton, which appeared in The Lancet of May 29th, 1869; and my reply, which was inserted in your issue of June 5th, 1869.

Dr. Seaton said: "As to the scantiness of supply, I am afraid that a very few years ago the allegation could not have been denied. It is a matter of history that, from the subdivision of vaccination that had taken place in England, the resources of the National Vaccine Establishment were about twelve years ago at an almost desperately low ebb; but from the steps then taken, and since steadily pursued, they are now amply sufficient. The stations on the staff of the establishment furnish weekly, from an abundant number of cases, lymph enough to meet all current demands; and other stations, already for other purposes in direct connexion with the Privy Council, are in reserve for any emergency. But much more than this. Under the operation of the new law and regulations, there has been already such a change in the system of public vaccination in England, that at this moment there could be organised for immediate use, out of public stations in London and other large towns, served by first-class vaccinators (not at present in any relation to the Privy Council other than that they are subject to the supervision now applied to all public stations), a second National Vaccine Establishment. By this I mean that we have at immediate disposal unutilised resources equal to the whole resources of the National Vaccine Establishment; and by the end of the year there will be materials at least equal to a third establishment, and I know not how much to spare. I think, then, we are justified in speaking of scantiness of supply as a thing wholly of the past."

To this I replied: "Dr. Seaton acknowledges that twelve years ago the resources of the National Vaccine Establishment were at an almost desperately low ebb; but from steps then taken, and since steadily pursued, they are now amply sufficient. It is certainly gratifying to hear this assurance from a person so competent, and possessed with such a thorough knowledge of the question. I willingly accept it, leaving future events to bear out Dr. Seaton's assertion. Others, however, are not quite so sanguine. Dr. Ballard, for example, states in his book 'On Vaccination,' &c., p. 215, 'that in 1863' (consequently only six years ago), 'when I had occasion to urge on the vaccination among a large population, in consequence of the epidemic outbreak of small-pox, recourse was had very largely to dry lymph, and the demand for points was so great that they were charged from almost any subject capable of supplying lymph. Many hundreds of such charged points came under my supervision, and I had occasion to reject a considerable proportion on account of their being tinged with blood. The emergency was so great, and the demand for an immediate protection was so extensive, that any points I could supply were greedily taken into use. Now, what occurred at that time was but a sample of what may fairly be expected to occur whenever private and public vaccination come suddenly into requisition.' I will only remark that, like guns and rifles brought to perfection in arsenals, their real test is only to be found in active warfare. Epidemics are our battle-fields. Only after we have triumphed in the struggle can the best arrangements—and I have no doubt those conducted by Dr. Seaton are such—claim to be perfect and complete. Animal vaccination, no one denies, will always supply an abundance of good lymph. In other countries, in times of epidemics, it has proved of great value. Why not avail ourselves of its assistance in England, even admitting that every possible eventuality has been carefully considered. Here, as elsewhere, a powerful ally is not to be despised."

When time shall have proved the correctness of the views I expressed in my letters to The Lancet on several other important questions relative to vaccination, I will again come forward and claim the privilege of comparing my statements with those of my adversaries.

Yours obediently,

H. Blanc, Surgeon, Bombay Army,

Superintendent of Vaccination, Western Circle, Bombay Presidency.

Vingoola, Southern Koukan, Bombay Presidency, Feb. 14th, 1871.

THE COLLEGE OF SURGEONS.

MUCH regret is felt by the teachers and students of the various medical schools at the announcement that Mr. Lang is about to leave the Royal College of Surgeons. This gentleman is so well known as the "student's friend," and for several years has so materially aided the teachers and deans of the schools in carrying out the multifarious and somewhat unintelligible regulations of the College, that his loss will be severely felt. There has been some proposition for a testimonial to Mr. Lang from the students at the various hospitals; but we have reason to believe that the carrying out of such a proposal, although extremely gratifying to that gentleman, would not be desired by him.

W. V. E.—We should prefer as qualifications the Edinburgh ones specified. The possession of the degree of M.D. implies a larger experience, if not a larger knowledge. But according to the artificial and legal notions of qualification now in vogue, the degree of M.D. would be considered an imperfect or single qualification.

Mr. John Greene, (Birmingham.)—We fear the letter is lost. Our correspondent would oblige by forwarding a copy.

THE insertion of *M.D.*'s communication on "Promotion in the Medical Department of the Army" is unavoidably postponed.

THE SALE OF WINES AND SPIRITS BY GROCERS, ETC.

To the Editor of THE LANCET.

SIR,—Referring to the correspondence which has lately appeared on this subject in your journal, and especially the letter of "Oinos," who justly refutes Dr. R. Martin's statement that a rapid increase of intemperance among women exists, and that the fact is attributable to the sale of wines and spirits by grocers, I beg to draw attention to the following figures, which are taken from the Board of Trade returns, and from the official statistical abstracts. It will be seen from these figures that the cause of reasonable temperance, which everyone ought to have at heart, has been materially furthered by Mr. Gladstone's Act, which extended the privilege of selling wines and spirits to the grocers. In bringing forward that measure, Mr. Gladstone was convinced that the only practicable way of lessening drunkenness in this country was to develop a taste for liquors other than the adulterated beers and spirits sold at public-houses; and to bring that about it was found expedient to place the sale of alcoholic drinks in the hands of a class of tradesmen of a higher order of intelligence and education than the publicans. The question is one of the highest importance, as it directly affects the social condition of the working classes throughout the kingdom; and the enormous *increase* shown in the consumption of light wines, together with the material *decrease* shown in the consumption of spirits, since Mr. Gladstone's Act came into force, prove most conclusively the soundness of that measure. All that is left to be done is to place the licensing payments for grocers and publicans on the same footing, and to arrange the detail of their obligations in an equitable manner, having due regard to the fact that one sells for consumption off, and the other for consumption on, the premises; or, in other words, that the grocer's mode of selling induces people to drink when they take their meals in a rational way, whilst the publican's method has a tendency in the old direction.

Home Consumption in the United Kingdom.

	1850.	1860.	Per head of the Population. 1860.	Per head of the Population. 1869.	Increase or Decrease per Head. 1860.	Increase or Decrease per Head. 1869.
	gallons.	gallons.	gallons, qrts. pts.	gallons, qrts. pts.	pints.	pints.
Wine	6,775,502	14,734,300	0 ... 0 ... 1	0 ... 1 ... 5·68	1·06 increase.	4,672,798 gallons.
Spirits	28,000,224	30,114,624	1 ... 0 ... 5·4	1 ... 3 ... 5·4	·20 decrease.	30% per cent.
Consumption of light wine under 26° of strength ...					1860.	1869.
Proportion of consumption of light to that of all wines						885,000 gallons. 13 per cent.

In looking at the above table, it should be pointed out that the year 1859 was the last of the old public-house monopoly, as the grocers were first allowed to sell wines and spirits in 1860. The year 1869 is the last for which the official statistics are completed.

In considering the question of drawing-room alcoholisation, as raised by the *Saturday Review*, everyone who has studied the subject is aware that ladies moving in the class of which it treats never buy their wines of grocers, but of the old special wine merchants. The medical profession is probably fully cognisant of the abuse by women of articles like eau de cologne, which are only too commonly prepared specially for drinking purposes; but it is not necessary here to touch further on that subject. Turning to women of the lower middle classes, the wives of labouring men, it is certainly possible that the sale of alcoholic liquors by grocers may place an additional temptation in their way; but if any harm is done, it is infinitesimal in amount when compared with the counterbalancing good of drawing temptation from millions of working men.

Yours faithfully,

March 2nd, 1871. UTILITARIAN.

To the Editor of THE LANCET.

SIR,—The tenor of Dr. Martin's letter, in your impression of the 4th inst., must be my excuse for again trespassing on your space. Inspired by enthusiasm in the cause of temperance, he, glancing but lightly on the original subject of argument, gives your readers the benefit of a dissertation on drunkenness, its extent and cause. I did not dispute the increase of intemperance, which is unfortunately a melancholy fact. What I endeavoured to maintain was that the cause of drunkenness is no more to be traced to the sale of wines and spirits by grocers than gluttony is to the presence of plenty, or suicides to the vicinity of a river or a rope-walk. It was, however, the effect of such sale on women, as inducing secret drinking, which was the subject of discussion, and I do not see that Dr. Martin's second letter tends to further prove the existence of such effect. He shows by statistics that in several large towns more females were apprehended for drunkenness in 1870 than in 1861. Now, to whatever cause this may be attributable (perhaps increased vigilance and activity on the part of the police may have something to do with it), to attribute it to the sale of wines and spirits by grocers is simply ridiculous. We do not see women or men reeling out of grocers' shops, nor do we hear of their creating disturbances at the confectioners'.

When in my last letter I denied the existence of increased opportunities of indulgence, I did not mean to imply that more facilities did not exist for the purchase of stimulants. My argument was, that women did not purchase at the grocers wines or spirits for the purposes of intoxication; that the sale of wines and spirits at such places was not an inducement to secret drinking, and that those who did indulge in such vice patronised, in preference, the public-house.

Dr. Martin must allow a distinction between *drinking* and *drunkenness*. The plebeian multitude has tasted wine, and approves it; hence the increasing sale, but it does not get drunk on wine. So far as the sale of spirits is concerned, grocers see, I think, but little of the profit arising from the increased consumption, for the reasons given in my last. If grocers and confectioners be now deprived of their licence, multitudes will flock to public-houses who now procure the requisition elsewhere. Going to purchase a bottle of wine, they will, perhaps, have a glass of beer, perhaps a "go" of gin, "just for the good of the house." The result is obvious.

In conclusion, allow me to observe that no one would be more pleased than myself to be assured of a decrease in intemperance; but men cannot be made temperate by Act of Parliament, and I am satisfied that the system advocated by Dr. Martin, of stopping licences and increasing duty, is a mistaken one. As society improves, the vice of drunkenness will die away. Gentlemen are no longer respected in proportion to their capacity for the consumption of wine. Tradesmen no longer spend their evenings in the nearest bar-parlour over the pipe and constantly replenished glass. It is, with few exceptions, only among the lowest class that intemperance now exists, and the march of intellect, refinement, and education will ultimately crush the evil.

I am, Sir, yours truly,

Cackfield, Sussex, March 9th, 1871. OINOS.

*** This controversy must now end.—ED. L.

A Scotch Surgeon.—It is the general opinion that the lymph of revaccination should not be used for vaccinating or revaccinating. Where primary lymph can easily be obtained, it should be preferred. But we are bound to say that the grounds for rejecting altogether the lymph of a revaccinated person require reconsideration. We refer, of course, only to cases in which the patient is healthy, and in which the vesicles are perfect, as they have been lately in a large proportion of cases of revaccination. We have ourselves used such lymph both for primary and secondary vaccinations with satisfactory results, and we have reason to know that some very high authorities have done the same, and doubt whether it is at all inferior to primary lymph. Heine thought it even preferable for purposes of revaccination. Still general opinion, including that of the authorities of the Privy Council, is against its use. Our correspondent's third question is to be answered in the affirmative.

Observer.—It is a matter for the Council to consider.

A Young Practitioner.—The combination mentioned is a perfectly legitimate one; and in all such questions it is better to be governed by therapeutical than by chemical considerations.

Mr. Page, (Newcastle-upon-Tyne.)—Many thanks. The cases shall appear in an early number.

A. B.—The liquid extract of ergot is generally, we think, preferred to the tincture; and either of them, in post-partum hæmorrhage, would clearly be better than the infusion, which takes time to make. But we doubt the value of ergot when given after post-partum hæmorrhage has fairly commenced; although it is highly valuable, when given just at the close of labour, in stimulating the uterus to contract quickly and completely after the expulsion of the fœtus. Many practitioners always use it in this way when chloroform has been employed. We may add that with regard to post-partum hæmorrhage in general, although it may possibly sometimes depend upon the patient, it almost always depends upon the obstetrician.

A Sufferer, (Manchester.)—The address of the gentleman in question will be found in the Medical Directory.

Mr. James Cheese, (Newport, Monmouth.)—Will our correspondent be good enough to forward a description of the method of applying the strapping in the cases referred to? The work named might not be always available.

Dr. Samuel Richards, (Upper Kennington-lane.)—If our correspondent will forward a short communication, it shall receive attention.

An Established Practitioner asks us whether it is the custom for a medical man, on settling in a locality, to call upon those previously established there, or for the latter to call upon him? We have often replied that the former is the custom which has most generally prevailed. But our correspondent asks his question in order to obtain the support of our opinion; and we are, therefore, bound to say that the prevailing custom would be more honoured in the breach than in the observance. There can be no reason for a usage which is diametrically opposed to the practice of gentlemen in other walks of life. A non-medical new-comer in a place calls only on those to whom he may have letters of introduction, and waits for all others to call upon him. Notwithstanding usage, we think this course would also be the best and most dignified in the case of a medical man, and we would venture to advise our correspondent to set a good example in his locality by being prompt to hold out a hand of welcome to a younger brother of the craft. We believe that the early and friendly recognition of young practitioners by those previously established would have a very good influence on both, and that it would especially tend to strengthen the former against temptations to the employment of any unfair or unprofessional devices for obtaining the confidence of the public.

H. L. L.—Any hospital surgeon would treat the case satisfactorily. We cannot mention individuals.

POISONING BY CARBOLIC ACID.

To the Editor of THE LANCET.

SIR,—My attention has been called to a paragraph in yesterday's *Times*, referring to the case of a woman named Norman, who recently attempted to commit suicide. In this paragraph the resident medical officer of Westminster Hospital is represented as giving evidence before a magistrate that "he could not tell how much (carbolic acid) had been taken, or what amount would destroy life, as there was only one instance of suicide from this acid, and that in a lunatic asylum."

Will you kindly allow me to remind the house-physician of Westminster Hospital that a case of suicide by carbolic acid was treated in the Borough Hospital, Birkenhead, on July 15th, 1868, a brief notice of which appeared in THE LANCET shortly afterwards.—Yours obediently,

FRANCIS VACHER,
Birkenhead, March 15th, 1871. House-Surgeon, Borough Hospital.

In a Fix.—All reports presented to Parliament are printed by Messrs. Eyre and Spottiswoode for her Majesty's Stationery Office, and may be obtained of any bookseller at a cost scarcely exceeding that of the paper. The price of the one referred to is two shillings. The price of books sent to us for review is seldom stated in such a way that it could be quoted, but may usually be learnt from our advertising columns, and, as a rule, a publisher's name is given at the head of every critical notice.

Mr. G. H. Goater, (Nottingham.)—We regret that we are unable to furnish the information.

COMMUNICATIONS, LETTERS, &c., have been received from — Mr. Maunder; Mr. Berkeley Hill; Dr. Blanc, Bombay; Dr. Crichton Browne; Dr. Crisp; Dr. Woodward; Mr. Austin; Mr. Lanford; Mr. E. M'Clean, Lyndhurst; Mr. Danvers; Mr. Wood, Silvertown; Mr. Denham; Dr. Goater, Nottingham; Dr. Wright, Knaresborough; Mr. Walters, Farringdon; Mr. Buck, Cressage; Dr. Wilkinson; Mr. Baynes; Mr. Knott, Middleton; Mr. Morris; Mr. Gilbert; Dr. Von Cavania, Leeds; Mr. Howell; Mr. J. C. Leach, Sturminster; Mr. Parton; Mr. Henson; Dr. E. N. Smith; Dr. Clark, Oswego; Dr. Hardy; Mr. Butterfill; Dr. Kempster, Battersea; Dr. Thomson, New Pitaligo; Mr. J. C. Brough; Mr. Tweedie; Dr. Delcaille; Dr. Broster, Williton; Dr. Williams, Truro; Mr. Davies; Mr. Allen; Dr. May, Maldon; Mr. H. Lammin, Newark-on-Trent; Mr. Greig; Dr. Barnes, Toddington; Dr. Richards; Dr. Tinley; Mr. Bodington; Mr. Gregor; Mr. Whitfield; Mr. Cheese, Newport; Dr. Hood; Dr. Alvarenga, Lisbon; Mr. Campbell, Glasgow; Mr. Little, Lynn; Mr. H. Lawrence; Dr. Mitchell; Dr. Dixon; Messrs. Rose and Co., Leith; Mr. Lee; Mr. G. D. Harding; Dr. Jeaffreson; Mr. Evans; Mr. Harris; Mr. Bell; Mr. Sullivan, Dinapore; Mr. Harrison; Mr. Gates; Mr. Poole; Dr. Williams, King's Lynn; Dr. Atkinson, Abbotsbury; Mr. Pearse; Mr. Simpson; Mr. Page, Newcastle; Mr. Gramshaw; Mr. Gayllard, Surbiton; Dr. Herbert; Mr. Rigden; Mr. Reed, Ormskirk; Dr. Sheppard; Mr. Crampton; Mr. E. Williamson; Mr. Tinsley, Oldham; Mr. Cumming; Mr. Wales, Downham; Dr. Reid, Pembroke; Dr. Phillips; Dr. Weir, Brazil; Mr. Johnson; Mr. Hall; Mr. Graves; Dr. Smith, Liverpool; Dr. Cuomba, Castle Cary; Mr. Neville; Mr. Walker; Dr. Smallman, Hartlepool; Dr. Cribb, Bishops Stortford; Mr. J. Green, Ware; Mr. Pratt, Wisbeach; Mr. Pakington, Ilfracombe; Dr. Roberts, Bangor; Mr. Symes, Briton Ferry; Dr. Cossar, King's Lynn; Mr. R. B. Cooke, Scarborough; Mr. Vacher, Birkenhead; Mr. Simms, Darlington; Mr. Davy, Newport; Mr. Peck; Mr. S. Smith, New York; Mr. Espenett; Mr. Williams, Monmouth; Mr. E. P. King, Peterborough; Mr. Remy, Margate; Dr. M'Rae; Dr. Goldie, Chorlton; Clinical Society of London; Practitioner; A. B.; J. W. H.; Alpha; A Sufferer; R. H. S.; A Scotch Surgeon; Medicus; A Bombay Assistant-Surgeon; F.R.C.S.; Sigma; L.R.C.P.; Delta; &c. &c.

Bucks Advertiser, Glasgow Herald, Jarrow Chronicle, Essex Weekly News, Newcastle Evening Chronicle, Oregon Medical and Surgical Reporter, New York Medical Gazette, Epsomian, School Board Chronicle, Eastern Post, Philadelphia Medical Times, Wisbech Chronicle, Parochial Critic, Indian Medical Gazette, Journal of the Scottish Meteorological Society, Rock, Daily Hampshire Independent, Brighton Examiner, Western Mail, Liverpool Daily Courier, Western Gazette, Sherborne Journal, Birmingham Daily Post, Philadelphia Medical Reporter, and *Galway Express* have been received.

Medical Diary of the Week.

Monday, March 20.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND. — 4 P.M. Prof. W. H. Flower, "On the Comparative Anatomy of the Teeth of the Mammalia."
ANTHROPOLOGICAL INSTITUTE.—8 P.M.
MEDICAL SOCIETY OF LONDON.—8 P.M. Mr. Jabez Hogg, "On Cataract, and its Treatment by the Semilunar Corneal Incision."—The President (Dr. Andrew Clark) will narrate some Cases of Perityphlitis, and exhibit a Case of Peribronchial Fibrosis.—Dr. Sansom, "On a Case of Scarlatina and Variola co-existent."
SOCIAL SCIENCE ASSOCIATION.—8 P.M. Dr. Guy, "On Vagrancy; its Nature, Causes, and Cure, with special reference to recent Legislative Efforts bearing upon it."

Tuesday, March 21.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Dr. Foster, "On Nutrition of Animals."
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M. The following amongst other Specimens will be exhibited:—Dr. Payne: Cancerous Growth in Veins and Endocardium. Mr. Spencer Watson: Cystic Epithelium removed from the Cheek. Dr. Wickham Legg: Glandular Tumour growing outside of Jejunum. Dr. Payne: Supra-Renal Capsules, &c., from a Case of Addison's Disease. Dr. Clapton: Atrophy of the Cerebellum.

Wednesday, March 22.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND. — 4 P.M. Prof. W. H. Flower, "On the Comparative Anatomy of the Teeth of the Mammalia."
ROYAL COLLEGE OF PHYSICIANS.—5 P.M. Croonian Lectures: Dr. Parkes, "On some points connected with the Elimination of Nitrogen from the Human Body."
HUNTERIAN SOCIETY.—8 P.M. Dr. Thompson Dickson, "On Epilepsy."

Thursday, March 23.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 12; other Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Dr. Odling, "On Davy's Discoveries."

Friday, March 24.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND. — 4 P.M. Prof. W. H. Flower, "On the Comparative Anatomy of the Teeth of the Mammalia."
ROYAL COLLEGE OF PHYSICIANS.—5 P.M. Lumleian Lectures: Dr. West, "On some Disorders of the Nervous System in Childhood."
QUEKETT MICROSCOPICAL CLUB.—8 P.M.
CLINICAL SOCIETY OF LONDON.—8½ P.M. Dr. Duffin, "On a Case of Roseola Varioloea."—Mr. Christopher Heath, "On a Case of Complicated Stricture of the Urethra treated by Mr. Syme's Operation for Impermeable Urethra."—Mr. Teevan: The treatment adopted in a Case of Retention from Impassable Stricture."—Mr. Broadbent, "On Phosphorus as a Remedy in Skin Diseases."
ROYAL INSTITUTION. — 9 P.M. Prof. Clerk Maxwell, "On Colour."

Saturday, March 25.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. O'Neil, "On the Spirit of the Age."

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